

Search Fee \$12.00

INSTRUCTIONS

Purpose: The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

**Read all instructions before completing the form:
(Incomplete forms will be returned) THE NOTARY REQUIREMENT HAS BEEN
REMOVED AND IS NO LONGER NEEDED.**

Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete the form or to print legibly will result in a failed submission. The Office of Background Investigations will not accept request forms that appear to have been altered in any manner. Forms that contain strike outs, correction tape or white-out will result in a failed submission. All failed submissions will be returned to the requester.

- The applicants **current** legal first, middle and last name should be entered on the form; all these fields are mandatory.
- If a middle name is an initial, indicate in writing “initial only” otherwise, enter a full middle name given at birth. If there is no middle name, enter NMN. Middle name is a mandatory field.
- Maiden name is required and for all is the last name at birth.
- For “other names used” list all other names used, (ie. previous married names, nick name or any legal name or gender change - provide explanation on a separate sheet of paper and attach to your search request submission). Circle the appropriate title description in this space on the form.
- If the applicant has been married, divorced and/or widowed more than once, all spouse information should be entered.
- Date of Birth (DOB) is a mandatory field for applicant, spouse, children.
- If the answer to any question is none, write “N/A”.
- Sign the Central Registry Release of Information Form. Only original signatures will be accepted on the request form. No copies of the form will be accepted.
- A \$12.00 fee is required for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, one payment may be made for the total. All money orders, company/business checks, or cashier checks should be made payable to: Virginia Department of Social Services. Personal checks and cash will not be accepted. A \$50 fee will be charged by OBI for all returned checks.)
- OBI no longer issues or accepts billed account codes for the purpose of billing. Payment is required with every search form unless your agency/facility or program meets an exception as defined in the Code of Va. No out of state submissions are exempt from payment.
- Page 2 contains additional space for spouse and/or children. Utilize this space if needed.
- Search results are not transferable and are not considered official beyond the requesting agency or individual.

MAIL THE COMPLETED, SIGNED SEARCH REQUEST FORM AND PAYMENT TO:

**Virginia Department of Social Services
Office of Background Investigations, 2nd Floor
5600 Cox Road
Glen Allen, VA 23060**

If you have questions about the Office of Background Investigations, Central Registry Search Unit please submit an email to crs_operations@dss.virginia.gov.

Add additional spouse/children here:

<u>*Legal Last Name:</u>	<u>*Legal First Name:</u>	<u>*Middle Name: (given at birth)</u>	<u>*Maiden Name: (If listing additional Spouse)</u>	<u>*Relationship:</u>	<u>*DOB: (mm/dd/yyyy)</u>
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**PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION
REQUIRED**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the Code of Virginia, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect.

Signature of person whose
name is being searched

Date:

Parent or Guardian signature
(Required for minor children under the age of 18)

Date:

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name	
Street Address		
City	State	Zip Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Dinwiddie County Public Schools

Direct Deposit Authorization Form / PayCard Registration

Name: Last, First, Initial		Date of Birth	
Address (Mailing)		City	State
Phone Number	Email Address	Employee SS Number	

Direct Deposit – I have a bank account already. Here is the information to set me up. I can establish direct deposit to one or up to a maximum of four (4) bank accounts for payroll payments. The dollar amount indicates the amount I want of my paycheck to be deposited into each account.

Bank Name: _____
 Bank Routing Number: _____
 Account Number: _____
 Amount: _____
 Checking Savings

Bank Name: _____
 Bank Routing Number: _____
 Account Number: _____
 Amount: _____
 Checking Savings

Bank Name: _____
 Bank Routing Number: _____
 Account Number: _____
 Amount: _____
 Checking Savings

Bank Name: _____
 Bank Routing Number: _____
 Account Number: _____
 Amount: _____
 Checking Savings

rapid! PayCard – I would like to register my new rapid! PayCard® Visa® Payroll Card.

Name: _____ rapid! PayCard
 Routing Number: _____ 124085244
 Account Number: _____
 Customer ID: _____

A voided check, bank direct deposit form, screen capture or other acceptable forms of documentation from the financial institution, as approved by the employer, is required for each bank account. **DISCLAIMER: If you do not provide sufficient documentation, we cannot be held liable if your deposit is delayed due to incorrect information given. Although we will work to rectify any issues as soon as possible, processing times may vary depending on the situation.**

I authorize Dinwiddie County Public Schools to deposit directly into the account(s) shown, my financial institution to credit my account(s), and/or I hereby authorize Dinwiddie County Public Schools to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday. This authorization will remain in effect until updated direct deposit information is received. All payroll changes must be submitted to Dinwiddie County Public Schools no later than the 10th of the month in order to become effective for that month's payroll. In the event funds are deposited erroneously into my account, I authorize Dinwiddie County Public Schools to debit my account(s), not to exceed the original amount of the credit.

 Print Name

 Signature

 Date



Dinwiddie County Public Schools
P.O. Box 7
Dinwiddie, Virginia 23841

RECORD OF EMPLOYEE'S BIRTH DATE

Date: _____

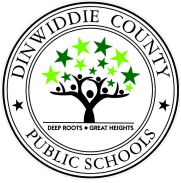
I, _____, hereby certify that the following is
my correct birth date as recorded on my birth certificate / marriage license.

Month

Day

Year

Signature



Acceptable Computer System Use

Section G – Personnel; Code IIBEA-R/GAB-R

All use of the Dinwiddie School Division's computer system shall be consistent with the School Board's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. The term computer system includes but is not limited to, hardware, software, data, communication lines and devices, terminals, printers, flash drives, servers, personal computers, tablets, cellular phones, smartphones, artificial intelligence, the internet, and any other internal or external network.

Computer System Use-Terms and Conditions:

1. **Acceptable Use.** Access to the Division's computer system shall be (1) for the purposes of education or research and be consistent with the educational objectives of the Division or (2) for legitimate school business.
2. **Privilege.** The use of the Division's computer system is a privilege, not a right.
3. **Unacceptable Use.** Each user is responsible for his or her actions on the computer system. Prohibited conduct includes but is not limited to:
 - using the network for any illegal or unauthorized activity, including violation of copyright or contracts, or transmitting any material in violation of any federal, state, or local law.
 - sending, receiving, viewing or downloading illegal material via the computer system.
 - unauthorized downloading of software.
 - using the computer system for private financial or commercial purposes.
 - wastefully using resources, such as file space.
 - gaining unauthorized access to resources or entities.
 - posting material created by another without his or her consent.
 - submitting, posting, publishing, or displaying any obscene, profane, threatening, illegal, or other inappropriate material.
 - submitting work generated by another or artificial intelligence and claiming it as your own
 - using the computer system while access privileges are suspended or revoked.
 - vandalizing the computer system, including destroying data by creating or spreading viruses or by other means.
 - intimidating, harassing, bullying, or coercing others.
 - threatening illegal or immoral acts.
4. **Network Etiquette.** Each user is expected to abide by generally accepted rules of etiquette, including the following:
 - be polite.
 - users shall not forge, intercept or interfere with electronic mail messages. • use appropriate language. The use of obscene, lewd, profane, lascivious, threatening or disrespectful language is prohibited.
 - users shall not post personal information other than directory information as defined in Policy JO - Student Records about themselves

or others.

- users shall not utilize another user's password to access hardware or software (including online and artificial intelligence resources).
- users shall respect the computer system's resource limits.
- users shall not post chain letters or download large files.
- users shall not use the computer system to disrupt others.
- users shall not modify or delete data owned by others.

5. **Liability.** The School Board makes no warranties for the computer system it provides. The School Board shall not be responsible for any damages to the user from use of the computer system, including loss of data, non-delivery or missed delivery of information, or service interruptions. The School Division denies any responsibility for the accuracy or quality of information obtained through the computer system. The user agrees to indemnify the School Board for any losses, costs, or damages incurred by the School Board relating to or arising out of any violation of these procedures.
6. **Security.** Computer system security is a high priority for the school division. If any user identifies a security problem, the user shall notify the building principal or system administrator immediately. All users shall keep their passwords confidential and shall follow computer virus protection procedures.
7. **Vandalism.** Intentional destruction of or interference with any part of the computer system through creating or downloading computer viruses or by any other means is prohibited.
8. **Charges.** The School Division assumes no responsibility for any unauthorized charges or fees as a result of using the computer system, including telephone or long-distance charges.
9. **Electronic Mail.** The School Division's electronic mail system is owned and controlled by the School Division. The School Division may provide electronic mail to aid students and staff in fulfilling their duties and as an education tool. Electronic mail is not private. Students' electronic mail will be monitored. The electronic mail of staff may be monitored and accessed by the School Division. All electronic mail may be archived. Unauthorized access to an electronic mail account by any student or employee is prohibited. Users may be held responsible and personally liable for the content of any electronic message they create or that is created under their account or password. Downloading any file attached to an electronic message is prohibited unless the user is certain of that message's authenticity and the nature of the file.
10. **Enforcement.** Software will be installed on the division's computers having Internet access to filter or block Internet access through such computers to child pornography and obscenity. The online activities of users may also be monitored manually.

Any violation of these regulations shall result in loss of computer system privileges and may also result in appropriate disciplinary action, as determined by School Board policy, or legal action.



Acceptable Computer System Use - Employee

Statement of Agreement

Section G – Personnel; Code IIBEA/GAB-F

Each employee must acknowledge and sign this agreement as a condition for using the School Division's computer system.

Prior to acknowledging this Agreement, read Policy [GAB/IIBEA](#), Acceptable Computer System Use. If you have any questions about this policy or regulation, contact your supervisor or your building principal.

I understand and agree to abide by the School Division's Acceptable Computer System Use Policy and Regulation. I understand that the School Division may access and monitor, and archive my use of the computer system, including my use of the internet, e-mail, downloaded material, and artificial intelligence content without prior notice to me. I further understand that should I violate the Acceptable Use Policy or Regulation, my computer system privileges may be revoked and disciplinary action and/or legal action may be taken against me.

Printed Name: _____

Signature: _____ Date: _____

School/Department: _____



Dinwiddie County Public Schools
P.O. Box 7
Dinwiddie, Virginia 23841

DRUG-FREE WORKPLACE REGULATIONS

1. If an employee has voluntarily sought assistance for prior use, and voluntarily admits to a drug or alcohol problem prior to any testing (random/reasonable suspicion), and upon the review of a favorable Substance Abuse Professional (SAP) evaluation, an employee may be placed on a non-safety sensitive position during rehabilitation. A list will be provided of SAPs.
2. Any employee, while on duty, who tests between a level of .02 - .07 for alcohol will stand-down twelve (12) hours from time of testing without pay. The employee must report to designated personnel before returning to duty and submit to re-testing. Testing at a level of and above .08 for alcohol or the presence of a controlled substance will result in resignation or immediate termination of employment.
3. The employee will pay for any rehabilitation in conjunction with their health insurance plan.
4. An employee subject to testing due to reasonable suspicion will be transported by school authorities within two (2) hours maximum to a designated collection site.
5. Employees refusing to submit to testing (random/reasonable suspicion) may be terminated.
6. Designated school authorities shall follow School Board policy and provide proper documentation should an employee exercise his/her hearing rights as specified in Dinwiddie County Public Schools Personnel Policy GBEA (Unlawful Manufacture, Distribution, Dispensing, Possession or Use of a Controlled Substance).

Policy GBEA: The Dinwiddie County School Board is committed to maintaining a Drug-Free Workplace.

Prohibited Conduct

Employees may not unlawfully manufacture, distribute, dispense, possess or use a controlled substance on school property, at any school activity or on any school-sponsored trip. It is a condition of employment that each employee of the Dinwiddie School Board will not engage in such prohibited conduct and will notify the Dinwiddie School Board of any criminal drug conviction for a violation occurring on school property, at any school activity or on any school-sponsored trip no later than 5 days after such conviction. An employee who is convicted of criminal drug activity for a violation occurring on school property, at any school activity or on any school-sponsored trip will be subject to appropriate discipline, up to and including termination, or required to satisfactorily participate in a drug abuse assistance or rehabilitation program.

Discipline

Within 30 days of receiving notice from a School Board employee as described above, the superintendent and School Board will take appropriate personnel action up to and including dismissal of any employee found to have engaged in prohibited conduct listed above or require satisfactory participation in a drug abuse assistance or rehabilitation program approved by a federal, state, or local health, law enforcement, or other appropriate agency.

Distribution of Policy

All employees are given a copy of this policy.

Drug-Free Awareness Program

The Dinwiddie School Board shall establish a drug-free awareness program to inform its employees about the dangers of drug abuse in the workplace, the Board's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs and the penalties that may be imposed upon employees for violations of laws and policies regarding drug abuse.

NOTE: All employees who hold a commercial drivers license (CDL) will be subject to these rules and regulation in addition to Department of Transportation regulations and FHWA rules.

ALCOHOL AND DRUG TESTING REQUIREMENTS

DEFINITIONS

ALCOHOL

The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

ALCOHOL USE

The consumption of any beverage, mixture, or preparation, including any medication containing alcohol.

CDL – COMMERCIAL DRIVERS LICENSE

Required to operate a Commercial Motor Vehicle (CMV)

EVIDENTIAL BREATH TESTING DEVICE (EBT)

A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's "Confirming List of Evidential Breath Measurement Devices" (CPL).

FHWA

The Federal Highway Administration

MEDICAL REVIEW OFFICER (MRO)

A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information.

REFUSAL TO SUBMIT (to an alcohol or controlled substances test)

Means that an employee (1) fails to provide adequate breath for testing without a valid medical explanation after he or she has received notice of the requirements for breath testing in accordance with the provisions of this part, (2) fails to provide adequate urine for controlled substance testing without a valid medical explanation after he or she has received notice of the requirement for urine testing in accordance with the provisions of this part, or (3) engages in conduct that clearly obstructs the testing process.

STAND DOWN

Means the employee who tests above 0.02 on an alcohol breath test will not be allowed to remain on the job for a designated period of time and is subject to the sanctions contained in the regulations.

SUBSTANCE ABUSE PROFESSIONAL (SAP)

A licensed physical (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge or and clinical experience in the diagnosis and treatment or alcohol and controlled substances related disorders.



DRUG-FREE WORKPLACE CONSENT/RELEASE FORM

As a condition of my employment with the Dinwiddie County School Board, I certify the following:

1. I have received and read Policy [GBEA](#) (Unlawful Manufacture, Distribution, Dispensing, Possession or Use of a Controlled Substance) and regulations regarding a drug-free and alcohol-free workplace as required by The Drug-Free Workplace Act, 41 U.S.C., Section 701, [et. seq.](#) and the Code of Virginia, Section 22.10397, and I agree to abide by the terms stated therein.
2. I agree to abide by the School Board's drug and alcohol regulations and submit to random/reasonable suspicion tests, while on duty, as a condition of my continued employment. I authorize any laboratory or medical provider to release test results to the Dinwiddie County School Board and designated personnel.
3. I understand upon reasonable suspicion that if I am in violation of this regulation, the Superintendent, or his/her designee, may require that I be tested for alcohol by use of a breathalyzer (or equivalent device), or be tested for drugs at a designated facility.
4. I expressly authorize the School Board or its Medical Review Office (MRO), upon request, to release any test-related information, including positive results, to the Unemployment Compensation Commission or other government agency investigating my employment or the termination thereof.
5. I agree to notify the Director of Human Resources of the Dinwiddie County Public Schools of any criminal drug or controlled substance statute conviction within five (5) days. I understand that within ten (10) working days of notice, the Director of Human Resources and/or his/her designee will advise any affected federal agency of that conviction. I understand that I may receive disciplinary sanctions up to and including dismissal of any such convictions, as well as for any other violation of the school system's regulations regarding controlled substance and alcohol abuse.

I understand that this agreement does not limit any right to terminate my employment or be terminated in accordance with federal and state laws.

Name of Employee

Assignment/Work Location

Signature

Date



E-mail Usage Policy

Section G – Personnel; Code – G

Introduction

This policy sets out the general rules and guidelines for use of electronic mail (e-mail) in the Dinwiddie County Public Schools (DCPS), including electronic noticeboards hosted therein. E-mail and other electronic information systems will reduce the need for paper-based communication. DCPS makes an e-mail system available and encourages the appropriate use of e-mail as an alternative to paper based communication.

The DCPS e-mail system is coordinated and managed by the Department of Technology. No other e-mail system (server or client) is recognized or supported by DCPS.

Use of E-mail

The e-mail system is DCPS property and DCPS reserves the right to monitor and to access any e-mail messages. The use of e-mail for personal purposes is permitted for convenience. All users are responsible for ensuring that their e-mail usage is within regulations and is ethical and lawful. The sending of text or images that contain material of an offensive, indecent or obscene nature is prohibited.

Provided the appropriate security guidelines are followed, e-mails sent from one user to another on the same e-mail system are relatively secure - any other e-mails should at all times be regarded as having the same status as a postcard. Users of e-mail should be aware of formal requirements and good practice in the use of e-mail as set out in the sections below.

E-mail may be used for any legal activity in furtherance of the aims or policies of DCPS, subject to the conditions listed below. The following specific uses are excluded:

- Any use that violates DCPS policies, standards or administrative notices;
- The use of another individual's e-mail account using that individual's identity (i.e. the individual's username/password details);
- Impersonation or misrepresentation of another individual;
- Alterations of source or destination address information;
- The use of e-mail that could result in the inadvertent commitment of DCPS to a contract or agreement if it appears to the other party that he/she has authority to do so;
- The use of e-mail for personal reasons to promote or denigrate companies or organizations, or defame other employees.

Misuse of E-mail

Penalties for misuse of e-mail will depend on the seriousness of the offence, and be in accordance with current DCPS Procedures.

Code of Practice for E-mail Users

Users should make every effort to adhere to the following guidelines for appropriate use:

- Check your e-mails regularly;
- Be polite. Messages sent by e-mail can often seem abrupt, even when this is not the intention. Use professional courtesy and discretion. The use of all upper-case text in either the subject or the body of an e-mail should also be avoided as this is deemed to be the e-mail equivalent of shouting;
- Do not reply with history of message if it is not necessary, especially if it incorporates a large attachment.
- Do not use "Reply to All" and distribution lists unless the message is relevant to all the specified recipients in order to keep the number of your messages to a minimum and reduce the risk of sending messages to the wrong people;
- Set the Auto Responder (Out-of-Office) to deal with your e-mail if you are away;
- Messages should be clearly addressed to those from whom an action or response is expected, "cc" or "bcc" should be used for other recipients of the message;
- Respect privacy and consider this aspect before forwarding messages;
- Delete unwanted or unnecessary e-mail. It is the user's responsibility to manage their own e-mail folders and keep within the quota limits set. The Technology Department can give advice and assistance if required;
- Unsolicited e-mail, especially with an attachment, may contain a virus. If in doubt, delete the e-mail or contact the Technology Department before opening if possible;
- Do not attempt to carry out confidential or sensitive tasks exclusively by e-mail;
- Enter a meaningful 'Subject' field to help the reader anticipate the content correctly;
- Do not use all or part of someone else's message without acknowledgement. Do not edit someone else's message without making clear the changes that you have made and do not distribute other people's messages without permission;
- Avoid subscribing to unnecessary mailing lists. Unsubscribe from mailing lists when they are no longer required;
- E-mail group lists provided by the Technology Department should be used for matters of DCPS or individual school business. Use of multiple e-mail group lists should be avoided unless absolutely necessary. Prior permission from the Technology Department is required to send a message to all users;
- Do not forward e-mail "chain letters". These are e-mails which either ask you to forward them on to all your friends (or to everyone you know) or which state that something bad will happen if you do not forward them on. E-mails of this type, including those warning about something (e.g. computer viruses), are almost certainly hoaxes;
- If you are unsure about any e-mail that you've received, contact the Technology Department for assistance.

Cautionary Notes

The nature of e-mail is such that total confidentiality cannot be guaranteed and users should be aware of the following points about the use of e-mail:

- Copies of e-mail may exist on a back-up copy or a remote system even after the author or recipient has deleted the message;
- E-mail may be forwarded by any recipient without the author's consent, although it may not have been the author's intention. A forwarded message may be a modified version of the original;
- It is possible for the author or sender of an e-mail to disguise or alter their identity;
- Organizations outside DCPS may have different policies on e-mail. Some consider it the property of the organization, subject to examination, copying or forwarding. Be aware of this possibility when sending e-mail;
- A reply to a personal message sent via a 'list server' or electronic bulletin board may be inadvertently distributed to all subscribers to the list;
- Usernames and passwords should not be disclosed to others. This could result in security breaches and other people using your e-mail account to send unauthorized messages. Suspected security breaches should be reported to the Technology Department at once;
- Once a message is sent, there is no way to recall it. Check carefully that messages are addressed to the correct recipient(s) before sending.

Auditing

The Technology Department does not routinely monitor or access e-mail. All e-mails, however, arriving at Dinwiddie County Public Schools are automatically scanned for viruses and for "spam" content, i.e. whether they match unsolicited, nuisance, e-mails previously sent to the School DCPS - any such e-mails are blocked. Filtering/virus-scanning can never be 100% effective so any unsolicited e-mails/attachments should always be treated with caution. Similarly, an e-mail may be incorrectly marked as infected or "spam" and therefore some e-mails could be blocked unnecessarily. The Technology Department reserves the right of access to users' e-mail and audit logs on both the client workstation as well as the servers for legitimate purposes, such as investigation of complaints of misuse. Content and audit logs for both sent and received e-mail may be inspected (including personal e-mail) at any time without notice. Authorization must always be given by the Director of the Technology Department (or designee) for access to staff e-mail.

The Technology Department will endeavor to maintain privacy of e-mail. There may be special cases, however, when it is essential that e-mail messages are accessed due to, for example, illness of the owner of a mailbox. In these instances, on the request of the appropriate Administrative personnel and on the authorization of the Director of the Technology Department (or designee), the Technology Department may locate and make available e-mail messages for access by a member of staff. The owner of the mailbox will be notified in due course.

Certain authorized members of the Technology Department may necessarily have access to the contents of e-mail messages in the course of system administration. Any knowledge thus obtained will not be communicated to others, unless required for system administration.

The Technology Department reserves the right to take special actions in administering e-mail if this is essential to preserve the integrity or functionality of the systems. This may include the deletion of e-mail.

Retention

DCPS has an automatic centralized system to archive e-mails. This enables DCPS to track down previous e-mails in respect of correspondence that would be significant in an internal or external matter (e.g. correspondence of a contractual nature). It will also be used to provide access to information, when required to do so, in response to a request for information pursuant to the Virginia Freedom of Information Act.

The e-mails are stored as part of an archiving system. Generally, e-mails will be archived for a period of no less than two calendar years.

Deletion and Archiving

E-mail messages are archived along with other files in accordance with existing Technology Department operational procedures so messages deleted by users might still be held on archives. Archiving of e-mail messages, however, is not intended to act as a backup to user mailboxes and recovery will be limited to division critical messages. Users should make an effort to maintain their own essential messages.

Security – Opening and Closing of Accounts

Computer and e-mail accounts for staff are set up by the Technology Department. Associated passwords are issued directly to the end user or via faculty staff.

Before leaving employment at Dinwiddie County Public Schools, staff should unsubscribe from any e-mail lists that they may have subscribed to and delete any personal e-mails in their account. If there are any work-related e-mails that need to be transferred to another user then these e-mails should be forwarded as appropriate – contact the Technology Department if assistance is required.

At the discretion of the DCPS Administration, following the departure of a member of staff from DCPS, that user's e-mail account will be disabled for a period of 2 weeks after which time the account will be deleted. DCPS Administration may request access to the closed mailbox be given to another member of staff for this duration.

Disclaimer

All e-mail messages sent from DCPS will include an e-mail disclaimer, as follows: "The information conveyed in this communication is intended for the use of the original addressee(s), and may be legally privileged, confidential, and/or exempt from disclosure under applicable law. If this communication was not addressed or copied to you, then you have received it in error and are strictly prohibited from reading, copying, distributing, disseminating, or transmitting any of the information it conveys. If you received this communication in error, please destroy all electronic, paper, and other copies, and notify the sender of the error immediately. Accidental transmission of this communication is not intended to waive any privilege or confidentiality protected under Virginia's Freedom of Information Act."

Review

It is the responsibility of the Technology Department to review regularly the content of the Electronic Mail Usage Policy for relevancy.



E-mail Usage Policy

Statement of Agreement

Each employee must acknowledge and sign this Agreement as a condition for using the Division's email system.

By my signature below, I attest that I have read [Policy Section G – Personnel](#); [Code G](#); and will comply with the E-Mail Usage policy employed by Dinwiddie County Public Schools.

Printed Name: _____

School/Department: _____

Signature: _____ Date: _____

VIRGINIA HUMAN RIGHTS ACT REASONABLE ACCOMMODATIONS FOR DISABILITY

Protections from Discrimination – Va. Code § 2.2-3905.1

Effective July 1, 2021, employers with more than five employees for a 20-week period in the current or preceding year must provide reasonable accommodations for otherwise qualified persons with disabilities if necessary to assist such person in performing a particular job, unless the accommodation would impose an undue hardship on the employer. “Person with a disability” means any person who has a physical or mental impairment that substantially limits one or more of her major life activities or who has a record of such impairment. Employers also may not, in response to a request for a reasonable accommodation for disability:

- take adverse actions against an employee;
- deny employment or promotions; or
- require an employee to take leave if another reasonable accommodation can be provided.

Reasonable Accommodations

Examples of reasonable accommodations include modifying work policies, permitting the use of leave, reassignment to a vacant position, acquisition or modification of equipment, assistance with manual labor, job restructuring, a modified work schedule, and light duty assignments.

Interactive Process

When an employee requests an accommodation, employers must engage in a timely, good faith interactive process with the employee to determine if the requested accommodation is reasonable and, if not, discuss alternative reasonable accommodations that may be provided.

Complaints

Any person who believes they were discriminated against on this basis may file a complaint with the Office of Civil Rights.

OFFICE OF THE ATTORNEY GENERAL



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