WELCOME NEW EDUCATORS!

YOUR HTA EXECUTIVE BOARD



Rebekah Young
PRESIDENT
president@htaonline.org



MELISSA SMITH
1st VICE PRESIDENT
vp1@htaonline.org



APRIL BOGGESS
2nd VICE PRESIDENT
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YOUR HTA EXECUTIVE BOARD & SUPPORT STAFF



ARTHUR PLINSKI TREASURER treasurer@htaonline.org



VIRGINIA MANGOLD SECRETARY secretary@htaonline.org



BROOKE HOWARD
OFFICE MANAGER
htaoffice@htaonline.org



CTA

CGreen@cta.org



Thank you for making HUSD a part of your career in Education!



The Hemet Teachers Association

is the EXCLUSIVE representative of the teachers, counselors, nurses, psychologists, speech pathologists, and any other non-management certificated support personnel of the Hemet Unified School District.

SIRONG

When you sign up to become a member of HTA, you automatically become a member of CTA (California Teachers Association), and NEA (National Education Association).



BUT I'M NOT ALIGNED POLITICALLY WITH CTA OR NEA...

YOU CAN OPT
OUT OF
POLITICAL
CONTRIBUTIONS!

- HTA only uses
 political action dollars
 for:
 - Local School Board Races
 - County School Board Races
 - Bond Measuresto IncreaseLocal Funding

- You can opt out of ANY dues going to CTA's political action.
- None of your monthly dues ever go to NEA's political action.



YOUR MEMBERSHIP IS

The Beginning of Your Professional Journey...

For nearly 160 years CTA members have advocated for educators and students to ensure every person has access to a free quality public education in California. Our successes include:



1867

Access to public schools for all students



1913

Retirement with dignity



1915

Ending child labor in California



1927

Preventing pregnancy firings

STRENGTHENING OUR COLLECTIVE POWER

We believe that highly skilled professionals should have a voice in their workplace. After all, a good working environment is a good learning environment.

CTA supports your local leaders' negotiations for fair wages and benefits for all.



New Member Benefit Favorites





www.ctaMemberBenefits.org



TOP 5 REASONS EDUCATORS JOIN THEIR UNION:

- ✓ You are eligible to receive legal services from CTA.
- ✓ You never walk into a meeting with admin alone.
- You can attend conferences and receive reimbursement for your expenses.
- CTA/NEA member benefits will save you time and money.
- You will have the support of a strong union when you want to take a stand for what you believe is right.





BEST PRACTICES

RECORDS OF STUDENT DISCIPLINE.

TAKE AND KEEP NOTES OF ALL PARENT AND ADMINISTRATOR MEETINGS.

BE CAUTIOUS WITH WHAT YOU POST OR SHARE ON SOCIAL MEDIA.

USE YOUR WEINGARTEN RIGHTS

If this discussion could in any way lead to my being disciplined or terminated, or affect my personal working conditions, I respectfully request that my union representative be present.

SCOTUS Decision: NLRB v. Weingarten, Inc. 420 U.S. 251 (1975)



Know your Educator Rights



IN THE CLASSROOM

Educators make the final decision as to student grades. EC 49066

Seize any injurious object from any student while on school premises or under the authority of school personnel. EC 49331

By law, educators must be informed of each student who engaged in, or is reasonably suspected of, acts that are grounds for suspension or expulsion, within the past three years. EC 49079

Educators suspend students from class for the day of suspension and the following day. Ask the parent or guardian to attend a conference as soon as possible. EC 48910

WHY YOUR MEMBERSHIP MATTERS

"A union isn't just an organization that you join. A union is 'collective action' with others. You need to experience a union to fully appreciate its value."

Elaine Bernard

Executive director of the Labor and Work-life Program at Harvard Law School "To be free, the workers must have choice. To have choice they must retain in their own hands the right to determine underwhat conditions, they will work." Samuel Gompers

Founder, American Federation of Labor (AFL)





TENTATIVE AGREEMENT HIGHLIGHTS

Salary & Benefits

2023-2024

- 13% Total Compensation-
 - 12.03% on schedule increase starting July 1, 2023.
 - 0.84%- Health and Welfare Cap increase of \$1,000.
 - 0.13% Retiree Health and Welfare Cap increase of \$1,500.
- One time bonus equal to 3.56% of 2022-2023 salary.

2024-2025-

 Ongoing compensation increase equivalent to the funded statutory COLA. (estimated 3.94%)

Class Size

- Secondary teachers 6th-12th- no more than 190 student contacts in a 5 period day or 230 student contacts in a 6 period day.
- Secondary Visual Arts class- no more than 195 student contacts in a 5 period day and 235 students in a 6 period day.

Special Education

- Specialized Academic Instruction definition.
- Participation in Co-Teaching shall be voluntary.
- Students with IEPs in Co-Teaching class shall not exceed 12 whose goals are tied to that specific content area.
- Other language to support unit members in Co-Teaching.
- Special Education Teacher Caseload (not including pendings)
 - Preschool-20
 - Mild/Mod-28
 - Mod/Severe/BESTT-14
- Caseload overage compensation \$10 per student, per day.
- BESTT/Autism educator stipend.

Counselors, Nurses, Psychs, SLPS

- Counselors-
 - Middle School- Two counselors per site.
 - Comprehensive High School-Site average one counselor per 500 students.
 - 9th grade BARR- one counselor per site (excluding Hamilton and Alt Ed.)
- Nurses Caseload- 1: 3,300
- Psychologist Caseload- district average of no less than one psych to every 1,000 students.
- SLP Caseload- Ratio 1:55, Preschool 1:40, when serving preschool & school age, preschool students will count as 1.25.

Other Highlights

- Agriculture Teachers extended calendar with compensation for farm management, field trips outside of contract hours, etc.
- Bereavement Leave updated to match current law.



The Hemet Teachers Association

Hello fellow HTA members,

I can't begin to thank each of you for the dedication it took to bring us successfully to this last day of the school year. In every classification and at every worksite in our district I witnessed people doing more than they'd ever done previously to provide quality instruction and support to our many students.

We were beset by adversity brought on by the many days missed by our

FIND US ONLINE



















www.htaonline.org

INCLUDED IN YOUR PACKET

MEMBERSHIP ENROLLMENT FORM

PHYSICIAN PREDESIGNATION FORM

TEACHERS ASSOCIATION MEN	BERSHIP ENROLLMENT FORM C	ERTIFICATE
Your Advocate. Your I	Partner. Your CTA.	
Thank you for choosing a career in education. While it's per That's why NEA, CTA and your local association will provide Being a member connects you with other educators. Togethe public education in California since 1863. Au	you the support you need to be great at what yr, we've been the most powerful voice for stud- nd together, we still are. We do this by:	rou do.
✓ Negotiating fair salaries, health care and other benefits ✓ Leading student-centered educational improvements		
∑ Leading student-centered educational improvements ✓ Supporting your professional practice with conferences, workshops, grants and scholarships	✓ Enhancing and detending your professional ✓ Providing cost-saving benefits designed just	
PERSONAL INFORMATION	MEMBERSHIP INFORMATION	1000
TA Membership ID or Previous Employer/School District	Local Association	
	Current Employer/ School District	
First Name MI	Hire Date Primary Employer? Yes No	
ast Name	If no, list employer	
ast 4 of SSN	Job Title	
***************************************	Building/Work Site	
nome Address Apt	TEACHING ASSIGNMENT INFORMATION AND DUES CATEGORY	FOR OFFICE USE ONLY AMBURL DUES AMOUN NEA:
ity Apt	Category 1 Category 3A Associate	CN
	Category 2A Category 3B 33 1/3% - 50% 26% - 33 1/3%	NEAFUND:
and Line	Category 28 Category 4 51% - 60% Adult Ed Hourly	roral s
cell Phone*	NEA FUND DEDUCTION AUTHORIZATION (Optional)	
* See next page for information	I agree to contribute \$ annually to the NEA Fur Fund for Children and Public Education (NEA Fund) colli- contributions from Association members and uses these political purposes, including, but not limited to, making	ects voluntary contributions for
fome Email	expenditures on behalf of friends of public education w federal office. ** See reverse for more information.	contributions to an ho are candidates fi
TA/ABC & INDEPENDENT EXPENDITURES ALLOCATION (Optional)		
besignated portions of CTA dues are allocated to the Association for Better litterarily (CTA/BC) and to Independent Expenditures (E) through which CTA recordes financial support for education-related Issues (CTA/ABC) and CTA- ded biportism condicious for local and state offices (CTA/ABC) and CTA- ded biportism condicious for local and state offices (CTA/ABC) and (E).	CTA VOLUNTARY CONTRIBUTION All CTA dus includes a \$20 voluntary contribution per year to help fund CTA edvocacy efforts and fund the CTA Foundation for Teaching and Learning, which provides scholarishje to members and supports teacher-led efforts to improve public schools. To opt out of the voluntary contribution, complete a Voluntary Contribution Change Form. Form	
the CTA/ABC and the IE account and want all your dues to remain in the general fund.	contribution, complete a voluntary contribution change Form. Forms are available at www.cta.org/contribution, from your local membership contact or via email at membership@cta.org.	
MEMBERSHIP, DUES PAYMENT AND DUES DEDUCTION AUT	THORIZATION	73) A V
ES, I want to join with my fellow employees and be a committed member of the Local ducation Association (NEA). I hereby request and voluntarily accept membership in intereassociations, as they may be amended from time to time. I support the Local As were wages, hours, and other terms and conditions of employment.	these associations and agree to abide by the Constitution a	nd Bylaws of all
hereby (1) agree to pay annual dues uniformly required for membership in the Local, vp pay in each pay period, and transmit to CTA or its designated agent, a pro-rate por realises pay dues by check. Italily understand that the dues required for remineships overning bodies and authorize dues payment on a continuing basis, and regardless the circumstance below. This agreement to pay dues continuines from year to year, cotice via U.S. mails to CTA Member Services, PO. Box 4178, Bullingsame, CA 94011, not noniversary date of this agreement in year projectment with the Employee endo; or and so the project of the control of the project of the control of the	tion of the annual dues required for membership in the Los in the three associations are subject to periodic change by of my membership status, unless my obligation to do so en regardless of my membership status, unless: I revoke it by st less than thirty (30) days and not mose than sixty (60) days	ral, CTA, and NEA, the associations' ds under one ending written
understand that this agreement is voluntary and is not a condition of employmen	at and that I have the legal right not to sign this agreemen	it.

Please return completed form to Safety/Risk Management HEMET UNIFIED SCHOOL DISTRICT 1791 W Acacia Ave, Hemet CA 92545 PREDESIGNATION OF PERSONAL PHYSICIAN In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if: . on the date of your work injury you have health care coverage for injuries or illnesses that are not work . the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records; · your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries; · prior to the injury your doctor agrees to treat you for work injuries or illnesses; . prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met. NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN Employee: Complete this section. (name of employer) If I have a work-related injury or illness, I choose to be treated by (name of doctor)(M.D., D.O., or medical group) (street address, city, state, ZIP) (telephone number) Employee Name (please print): Employee's Address: Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: Employee's Signature Physician: I agree to this Predesignation: (Physician or Designated Employee of the Physician or Medical Group) The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3). Title 8, California Code of Regulations, section 9783. Predesignation of Personal Physician; Reporting Duties of the Primary Treating Physician Regulations 8 C.C.R. section 9780, et seq. (Approved 02/12/2014)

WHAT DO I DO IF I HAVEA MEDICAL ISSUEOR CONCERN? (SICK, PLANNING ON HAVING A CHILD, STRESSLEAVE, NON-WORK)

ALMAYS CONTACT HTA FIRST. Your job could depend on it. Your site administrators may be helpful and friendly but, Admin's responsibility is to the district, not you.

MORKPLACE INJURIES: PHYSICIAN PRE-DESIGNATION FORM You need to submit this form to the district *BEFORE* you are injured at work.

Otherwise.

- You will be sent to a clinic of the district's choosing.
- × The conditions there will likely be very different than those in your doctor's office.
- You may have less control over your ensuing Worker's Compensation claim.



We Are Stronger Together

#WeAre



CTA/NEA UNION VIDEO (2:29)

THAMS!

Fill out the Membership Enrollment Form and return the form to HTA staff today.

If you complete the form after today, you may:

- Put it in district mail for HTA Office or
- Bring the completed form to the HTA office:
 - O 1600 E Florida Ave, suite 308 Hemet, CA 92544

You can also sign up online at: <u>www.cta.org/join</u>



INSURANCE ENDORSED BY CTA



Why Choose CTA-Endorsed

Disability and Life Insurance





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