

**Township of Union Board of Education
2369 Morris Avenue
Union, New Jersey 07083**

REQUEST FOR SPEECH-LANGUAGE SERVICES FOR 2012-2013 SCHOOL YEAR

The Board of Education of the Township of Union (the "Board") is seeking proposals for the provision of speech-language services approximately three days per week to fulfill this related service per student IEP. Minimum five (5) years experience as a certified school speech-language specialist working in public schools. Special education teacher certificate is not required, but a plus.

All providers shall be NJ State certified as a speech-language specialist. Proposals shall also contain a Certificate of Employee Information Report (AA) and a Business Registration Certificate.

Proposals must be in writing and must contain fixed hourly rates for all services. Hourly rates shall include all disbursements. The Provider shall not bill for travel or other related expenses. All proposals shall be fixed for one (1) year from the date of the award and may not change or be withdrawn except by the permission of the Board. Proposals shall be submitted no later than **Tuesday, May 8th, 2012 at 11:00 a.m.** Proposals must contain a Curriculum Vitae or firm resume for all who may be assigned to handle these matters. The award shall be made to a vendor whose response is most advantageous to the Board, price and other factors considered. All providers shall have a criminal background screening prior to assignment in the district. The Board shall have the option of terminating this engagement upon thirty (30) days notice to the Provider.

Provider is required to provide proof of general liability and worker's compensation coverage. The Company shall sign a contract that shall indemnify, defend and hold the district harmless from any and all liabilities for any claims which may arise as a result of the engagement of the Company.

Proposals will be opened and read aloud in the Board of Education Conference Room at the Administration Building, 2369 Morris Avenue, Union, New Jersey on **Tuesday, May 8th 2012 at 11:00 a.m.** Your proposal must be received prior to that date and time. Two original proposals shall be submitted by regular or overnight mail, no email proposals allowed.

Any questions or requests for clarification regarding bid process and procedure may be submitted to James J. Damato, Board Secretary/General Counsel, Township of Union Board of Education, 2369 Morris Avenue, Union, New Jersey 07083; 908-851-6411. Any technical questions or assignment-related questions may be submitted to Kim Conti, Director of Special Services at 908-851-4426.

Helene Sarnell
Certified Speech Language Specialist
20 Canterbury Lane
Short Hills, NJ 07078
973 467-1085
hsarnell@gmail.com

Township of Union Board of Education
2369 Morris Avenue
Union, NJ 07083
April 21, 2012

To Whom It May Concern:

I, Helene Sarnell, am presenting a proposal for the Speech-Language Specialist position for approximately three days per week, to fulfill this related service per students' IEPs, for the 2012-2013 School Year. I am a New Jersey State certified Speech-Language Specialist with over 35 years of experience in Public Schools as a Speech-Language Specialist and a Special Education classroom teacher.

In my capacity as a Speech-Language Specialist, I implement IEP goals, develop speech/language goals and objectives for annual reviews, organize a program for individual and small group therapy, plan prepare and administer therapy to children as per IEP, and maintain communication with teachers and parents.

I am self-employed as a Speech-Language Specialist, and carry general liability and worker's compensation coverage. My fee is \$85.00 per hour. I am available to work three days per week, during school hours.

Sincerely,

Helene Sarnell

Helene Sarnell

Helene Sarnell

20 Canterbury Lane

Short Hills, NJ 07078

973 467-1085

hsarnell@gmail.com

SUMMARY OF QUALIFICATIONS

New Jersey Certified Speech Language Specialist

Solid base of knowledge from which to develop therapy plans

Outstanding organizational skills

Works collaboratively with classroom teachers addressing students' speech/language deficits as they relate to total education

Over 35 years experience in public school systems

PROFESSIONAL EXPERIENCE

2005-Present **Speech Language Specialist, Washington School, Union Township Board of Education (3 days per week)**

Population: CST and ESLS students, Pre-K through 4th grade

Responsibilities:

Implementation of IEP goals

Organization of a program of individual and small group therapy including in class service

Planning, preparing and executing therapy for children with speech and or language disorders

Develop speech/language goals and objectives for annual reviews

Collaboration and consultation with classroom teachers and Child Study Team

Maintaining communication with parents/guardians

Summer: 2005, 2006, 2007, 2010, 2011

Speech Language Specialist, Extended School Year, Springfield Township Board of Education

Population: CST classified children eligible for extended school year summer program

Responsibilities:

Implementation of IEP goals

Maintenance of skills established during the school year

Communication with parents

1988-2005 **Speech Therapist, Public School 14, The Vanderbilt School, Staten Island, New York (full time)**

Population: Special and General Education students, Pre-K through 5th grade

Responsibilities:

Screen students referred for Speech/Language Services

Organization of a program of individual and small group therapy

Plan, prepare and execute therapy for children in the speech/language program

Write Individual Educational Plans

Participate in Educational Planning Conferences

Presentation of Parent and Teacher Workshops

1976-1988 **Special Education Classroom Teacher, Public School 222 & Marine Park Intermediate School, Brooklyn, NY**

Self-contained class for Neurologically Impaired & Emotionally Handicapped children

EDUCATION

1971-1974 **Brooklyn College, Brooklyn, New York**

Master of Science in Education: Education of the Speech and Hearing Handicapped

1967-1971 **Lehman College, Bronx New York,**

Bachelor of Arts: Speech and Theater

CERTIFICATION

2005 **Speech Language Specialist, The State of New Jersey**

1977 **New York State Permanent Certification, Education of the Speech and Hearing Handicapped**

1972 **New York City Teaching License, Teacher of Speech Improvement**

WARNING: THIS DOCUMENT CONTAINS MULTIPLE SECURITY FEATURES INCLUDING A CHAIN LINK WATERMARK

The State of New Jersey

536136

Department of Education
State Board of Examiners

Standard Certificate

This is to certify that

HELENE S SARNELL

County District
39 0000

Issued Expires
01/05

Has met all of the requirements established by the State Board of Education and is authorized to serve in the public schools of New Jersey as indicated below:

Speech Language Specialist

Commissioner of Education

Secretary, Board of Examiners

The City School District of New York

This is to Certify *that*

SOC. SEC. NO. _____

Date 6/08/81

FILE NO. 443203
(SEE BELOW)

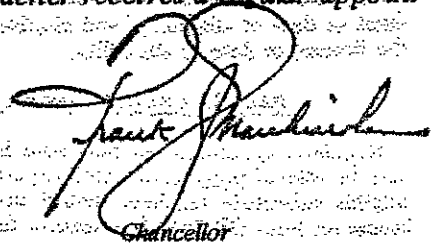
MRS HELENE S SARNELL
8850 19 AVENUE
BKLYN NY 11214

having passed the required tests of character, scholarship, and general fitness, is hereby Licensed to serve as

TEACHER OF EMOTIONALLY HANDICAPPED

In the _____ DAY Schools

of The City of New York, subject to the By-Laws of the Board of Education and subject to the conditions, if any, under which the issuance of this license was recommended and authorized. This license may be used for service as a substitute until such time as teacher receives a regular appointment or the eligible list under which this license is issued expires.


Chancellor

THE FILE NUMBER LISTED ABOVE IS YOUR PERMANENT NUMBER FOR PAYROLL PURPOSES UNDER ALL ASSIGNMENTS AND APPOINTMENTS. IT IS TO BE GIVEN TO THE SCHOOL SECRETARY IN THE SCHOOL TO WHICH YOU HAVE BEEN ASSIGNED.

(REGULATIONS ON REVERSE SIDE)

08/09/05

Taxpayer Identification# 062-404-725/001

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-1730.

I wish you continued success in your business endeavors.

Sincerely,

John E. Tully
John E. Tully, CPA
Director

STATE OF NEW JERSEY		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252
BUSINESS REGISTRATION CERTIFICATE		
TAXPAYER NAME: SARNELL, HELENE	TRADE NAME:	
ADDRESS: 20 CANTERBURY LANE SHORT HILLS NJ 07078	SEQUENCE NUMBER: 1171000	
EFFECTIVE DATE: 08/09/05	ISSUANCE DATE: 08/09/05	<i>John E. Tully</i> Director
FORM-BRC(08-01)		This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

State of New Jersey
DEPARTMENT OF EDUCATION

PO BOX 500
TRENTON, NEW JERSEY 08625-0500

Note: If blue State seal background
is not present, this is a
photocopy

07/21/2010

HELENE SARNELL
20 CANTERBURY LANE
SHORT HILLS, NJ 07078

YOU MUST PROVIDE A COPY OF THIS APPROVAL LETTER TO YOUR EMPLOYER.

Your request for criminal history record processing has been completed. The information submitted by you through the educational facility or authorized school bus contractor has been searched by the New Jersey State Police and the Federal Bureau of Investigation. As a result of that process, you are approved for school employment in accordance with *N.J.S.A. 18A:6-7.1*; *N.J.S.A. 18A:39-19.1* or *N.J.S.A. 18A:6-4.13*.

HELENE SARNELL
20 CANTERBURY LANE
SHORT HILLS, NJ 07078
39 - UNION
5290 - UNION TOWNSHIP

PCN: 471199463702

A notice of qualification has been forwarded to the educational facility or authorized school bus contractor making the request for your criminal history record check. If you are a substitute teacher working under a county substitute certificate, a notice of qualification has been forwarded to the county superintendent's office that issued your certificate. Please retain possession of this letter as proof that you have completed the statutory requirements for the employer that submitted your fingerprints.

~~School bus drivers must be printed upon initial application for a school bus driver's endorsement and each time their driver's license is renewed. All other persons, except individuals serving in a substitute position, must undergo the record check upon any change in employment from one educational facility to another.~~

You must provide a copy of this approval letter to your employer. If you have any questions, please call the Criminal History Review Unit at (609) 292-0507.

Sincerely,

Carl H. Carabelli

Carl H. Carabelli, Manager
Criminal History Review Unit

New Jersey Is An Equal Opportunity Employer

83 (Policy Provisions: WC 00 00 00 B)

91

LW INFORMATION PAGE

WBC WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD CASUALTY INSURANCE COMPANY

HARTFORD PLAZA, HARTFORD, CONNECTICUT 06115

NCCI Company Number: 14397

Company Code: 3



Suffix
LARS RENEWAL
01

POLICY NUMBER: 13 WBC LW9183
Previous Policy Number: 13 WBC LW9183

HOUSING CODE: SB

1. Named Insured and Mailing Address: HELENE SARNELL
(No., Street, Town, State, Zip Code)

20 CANTERBURY LANE
SHORT HILLS, NJ 07078

FEIN Number: 111222555

State Identification Number(s):

NJ TIN: 111999666888

The Named Insured is: INDIVIDUAL
Business of Named Insured: SCHOOL - PRIVATE - ELEMENTARY,
Other workplaces not shown above: 2369 MORRIS AVE
UNION NJ 07083

2. Policy Period: From 09/15/11 To 09/15/12
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: BOLLINGER INC

101 JFK PARKWAY
SHORT HILLS, NJ 07078

Producer's Code: 658042

Issuing Office: THE HARTFORD
301 WOODS PARK DRIVE
CLINTON NY 13323
(800) 962-6170

Total Estimated Annual Premium: \$1,304

Deposit Premium:

Policy Minimum Premium: \$410 NJ

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Authorized Representative

Date

18013
*1500213LW91830101



INFORMATION PAGE (Continued)

Policy Number: 13 WBC LW9183

3. A. Workers Compensation Insurance: Part one of the policy applies to the Workers Compensation Law of the states listed here: NJ (SP0).

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily injury by Accident	\$500,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$500,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT ND, OH, WA, WY, AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. This policy includes these endorsements and schedule:

WC 00 04 21C WC 00 04 22A WC 00 04 19 WC 29 03 06B WC 29 03 07
WC 29 06 03

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8868 SCHOOL - PROFESSIONAL EMPLOYEES & CLERICAL	66,500	1.40	931
INCREASED LIMITS PART TWO (6199) 1.90 PERCENT			18
TO EQUAL INCREASED LIMITS MINIMUM PREMIUM (9848)			32
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			981
EXPENSE CONSTANT (0900)			220
NJ ESTIMATED 2ND INJURY FUND SURCHARGE 7.600 PERCENT			75
NJ ESTIMATED UNINSURED EMPLOYERS FUND SURCHARGE 0.150 PERCENT			1
TERRORISM (9740)	66,500	.030	20
CATASTROPHE (9741)	66,500	.010	7
TOTAL ESTIMATED ANNUAL PREMIUM			1,304

Total Estimated Annual Premium: \$1,304
Deposit Premium:
Policy Minimum Premium: \$410 NJ

Interstate/Intrastate Identification Number:

Labor Contractors Policy Number:

NAICS:
SIC: 8049
NJ TIN: 111999666888

18014 *1500213LW91830101



**HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP**

Certificate of Insurance



OCCURRENCE POLICY FORM

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	Policy Period:
018098	970	HPG	0282299580-8	From 09/01/11 to 09/01/12 at 12:01 AM Standard Time

Named Insured	Program Administered by:
Helene S Samell 20 Canterbury Ln Short Hills, NJ 07078-3302	Healthcare Providers Service Organization 159 E. County Line Road Hatboro, PA 19040-1218 1-800-982-9491 www.hpso.com

Medical Specialty	Code	Insurance is provided by:
Speech Hearing Therapist	80716	American Casualty Company of Reading, Pennsylvania 333 South Wabash Avenue Chicago, Illinois 60604

Professional Liability \$1,000,000 each claim \$3,000,000 aggregate

Your professional liability limits shown above include the following:

- Good Samaritan Liability
- Malplacement Liability
- Personal Injury Liability
- Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$ 1,000 per day limit	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per deposition	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
<i>Includes Workplace Violence Counseling</i>		
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid	\$ 10,000 per incident	\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Information Privacy (HIPAA) Fines & Penalties	\$ 25,000 per incident	\$ 25,000 aggregate

Workplace Liability

Workplace Liability	Included in Professional Liability Limit shown above
Fire and Water Legal Liability	Included in the PL limit above subject to \$150,000 aggregate sublimit
Personal Liability	\$1,000,000 aggregate

Total: \$267.39

Premium \$265.00 PLIGA Surcharge \$2.39
Premium reflects self-employed, part-time rate

Policy Forms & Endorsements (Please see attached list for a general description of many common policy forms and endorsements.)

G-121500-D G-121501-C G-121503-C G-145184-A G-147292-A GSL3886 GSL3908 GSL13424NJ
GSL15563 GSL15564 GSL15565 GSL17101 G-123846-C29 G-121486-B

REPLACEMENT CERTIFICATE OF INSURANCE -- ISSUED OCTOBER 11, 2011. THIS IS THE SOLE AND EXCLUSIVE CERTIFICATE OF INSURANCE EFFECTIVE FOR THE POLICY PERIOD STATED ABOVE. PLEASE DESTROY ANY PREVIOUS COPY OF THE CERTIFICATE OF INSURANCE THAT YOU MAY HAVE RECEIVED FOR THE POLICY PERIOD STATED ABOVE, AS IT DOES NOT AFFORD COVERAGE AND IS NOT AN ACCURATE REPRESENTATION OF YOUR CURRENT POLICY TERMS AND CONDITIONS OF COVERAGE.

Thomas F. Motamed

Chairman of the Board

John A. Viter

Secretary

Keep this Certificate of Insurance in a safe place. This Certificate of Insurance and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Form #: G-141241-B (3/2010)

Master Policy: 188711433

POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. State specific policy forms and endorsements are not included in the list below. Should you require descriptions or samples of these documents, please visit us online at www.hpsso.com/policyforms. **Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period.** All products and services may not be available in all states and may be subject to change without notice.

Think Green – expanded definitions and copies of these policy forms and endorsements are available online at www.hpsso.com/policyforms.

COMMON POLICY FORMS & ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121500-D	Common Policy Conditions
G-121501-C	Occurrence Policy Form
G-121502-C	Claims Made Policy Form
G-121503-C	Workplace Liability Form
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice – Silica, Mold & Asbestos Disclosure
GSL3886	Coverage & Cap on Losses from Certified Acts of Terrorism
GSL3908	Notice – Offer of Terrorism Coverage & Disclosure of Premium
GSL13424	Services to Animals
GSL15563	Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs
GSL15564	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL15565	Healthcare Providers Professional Liability Assault Coverage
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies

OPTIONAL ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
GSL5587	Consulting Services Liability Endorsement
GSL5548	Case Management Services
G-121504-C	General Liability Form

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

Self-employed individuals may be eligible for General Liability coverage subject to underwriting approval. Should an individual practitioner's status change from self-employed to employed, general liability coverage will be deleted and replaced with workplace liability. Please contact Healthcare Providers Service Organization for details.

Form #: G-141241-B
Master Policy #: 188711433

Named Insured: Helene S Sarnell
Policy #: 0282299580-8

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

Additional Insured – Person or Entity

In consideration of the premium paid, and subject to the Professional Liability limit of liability shown on the certificate of insurance, it is agreed that the **PROFESSIONAL LIABILITY COVERAGE PART** is amended as follows:

The person or entity named below (the "Additional Insured") is an insured under this Coverage Part but only as respects its liability for your medical incidents and solely to the extent that:

1. a professional liability claim is made against you and the additional insured; and
2. in any ensuing litigation arising out of such claim, you and the additional insured remain as co-defendants.

In no event is there any coverage provided under this policy for a medical incident that is the direct liability of the additional insured.

Additional Insured: Union Township Board of Education

2369 Morris Ave

Union NJ 07086

Additional Premium: \$ 165.00

This endorsement is a part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

<i>Must Be Completed</i>		<i>Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ENDT. NO.	POLICY NO.	ISSUED TO	ENDORSEMENT EFFECTIVE DATE
1	0282299580	Helene S Sarnell	09/01/2011

State of New Jersey
PRESCRIPTION BLANK

JOSEPH M. WILDMAN, M.D.
MEDICAL ONCOLOGY / HEMATOLOGY / INTERNAL MEDICINE
100 NORTHFIELD AVENUE
WEST ORANGE, NJ 07052
973-243-7000 FAX: 973-243-7028
DEA # BW0813596 NPI # 1114985941 LIC # 25MA03353000
BATCH #TRIC0901100055428-10 SERIAL # 001391

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE
ADD PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Helwe Sarnell D.O.B. 10/10/49
ADDRESS _____ DATE 8/11/10

RX

Mantoux
0 mm. induration
negative

SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____
DO NOT REFILL _____ SIGNATURE OF PRESCRIBER Jm
REFILL _____ TIMES

Use separate form for each controlled substance prescription
THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW

STATE OF NEW JERSEY
Division of Contract Compliance & Equal Employment Opportunity
EMPLOYEE INFORMATION REPORT

IMPORTANT - READ INSTRUCTIONS ON BACK OF FORM CAREFULLY BEFORE COMPLETING FORM. TYPE OR PRINT IN SHARP BALLPOINT PEN. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11.

SECTION A — COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input checked="" type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY ONE
4. COMPANY NAME HELENE SARNELL		
5. STREET 500 CANTERBURY LN.	CITY SHORT HILLS, N.J.	STATE NJ
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) NONE		ZIP CODE 07078
7. CHECK ONE: IS THIS COMPANY: <input checked="" type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT		
10. PUBLIC AGENCY AWARDED CONTRACT UNION BOARD OF EDUCATION	CITY NJ	STATE NJ
OFFICIAL USE ONLY		ZIP CODE 07083
DATE RECEIVED	INAUG. DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B — EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN										
	COL. 1 TOTAL (COLS. 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	BLACK	***** MALE *****					***** FEMALE *****				
					HISPANIC	AMER. INDIAN	ASIAN	NON MIN.		BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
Office Managers														
Professionals	1													
Technicians														
Sales Workers														
Office & Clerical														
Craftworkers (Skilled)														
Operatives (Semi-Skilled)														
Laborers (Unskilled)														
Service Workers														
TOTAL	1								1					
Total employment from previous Report (If any)														
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.													

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? <input checked="" type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify)			14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>		15. IF NO, DATE LAST REPORT SUBMITTED? MO DAY YEAR		
13. DATES OF PAYROLL PERIOD USED FROM: 6/1/12 TO: 6/30/13							

SECTION C — SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type) HELENE SARNELL	SIGNATURE 	TITLE Director	DATE 7 25 12 MO DAY YEAR		
17. ADDRESS NO. & STREET 500 Canterbury Ln.	CITY SHORT HILLS, N.J.	COUNTY MORRIS	STATE NJ	ZIP CODE 07078	PHONE (Area Code, No., Extension) 973-467-1085