

## PTA UNIT – ANNUAL HISTORIAN REPORT FORM

Reporting Period – July 1 to June 30, \_\_\_\_\_

### Instructions:

Complete this form and file it in your Historian's procedure book

Make 2 copies of your completed form:

- Give 1 copy to your unit secretary to file with the minutes.
- Send 1 copy – through channels – to your PTA council/district.  
Check your council/district due date.

### Why do PTAs submit reports?

California State PTA requires filing of this report as stated in PTA bylaws. Information on volunteer hours is used for audits, advocacy and grant applications.

### Tips – Reporting Volunteer Hours:

Total your unit's volunteer hours projected to June 30

Remember to include time spent by your members involved in:

- PTA activities benefiting children.
- Unit, council, district, state and National PTA programs, projects and training.
- PTA-related meetings as well as travel, phone, email and paperwork time.

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## UNIT INFORMATION *(Please Print)*

PTA/PTSA Name: \_\_\_\_\_

Preschool     Elementary School     Jr./Middle School     High School     Other

District PTA Number/Name: \_\_\_\_\_

State PTA Identification #: \_\_\_\_\_

*See bylaws or mailing labels from State PTA for ID number*

**Report Completed by:**     Historian     President     Other

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

President's Name: \_\_\_\_\_

President's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

TOTAL VOLUNTEER HOURS REPORTED = \_\_\_\_\_

## VOLUNTEER TALLY SHEET

NAME OF PTA VOLUNTEER	VOLUNTEER HOURS												TOTAL		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN			
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
TOTAL															



# LBCPTA Unit Program Report

*everychild.onevoice.* Please use this form to let council know about the programs that you do at your school. This counts towards the Program portion of the requirements for Honor Unit Awards.



PTA unit name: \_\_\_\_\_

Name of person completing this form:  
\_\_\_\_\_

PTA Position: \_\_\_\_\_

Mark all the programs your PTA facilitates at your school:

X	Name	Dates	Chairman
	Red Ribbon Week		
	Reflections		
	Directory		
	Communications		
	Relief Assistance/Blood Drive		
	Teacher of the Year		
	Community Recognition		
	Founders Day		
	Wellness Fair		
	Graduation		
	High School Scholarships		
	Guest Speakers at Meetings		

If you do a program that is not listed above, please tell us about it below:

Name of Program: \_\_\_\_\_

Is this program  a onetime event or  on going?

Date (or dates) of program: \_\_\_\_\_

Where does it take place:  on campus  off campus \_\_\_\_\_  
*Where*

Name of Program: \_\_\_\_\_

Is this program  a onetime event or  on going?

Date (or dates) of program: \_\_\_\_\_

Where does it take place:  on campus  off campus \_\_\_\_\_  
*Where*

**PLEASE MAKE SURE TO MAKE A COPY FOR YOUR UNIT'S RECORDS**

**PAGE LEFT BLANK FOR TURN-IN**



# Money Matters Form

The Money Matters Form is required for any monies turned into council. Complete the information below and attach any necessary paperwork with payment. Submission should be to your Area Advisor but may be submitted to a LBCPTA representative in some cases. Be sure to make a copy of this form to serve as a receipt for the treasurer's binder. Be sure to *make copies of this form before filling out.*

Date: \_\_\_\_\_

Unit Name: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

PTA Position: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Area Advisor: \_\_\_\_\_

## What is being turned in:

*Make all checks payable to LBCPTA unless otherwise noted.*

Item	Total	Check #
Membership: (#) _____ members X \$5.05	\$	
Membership: (#) _____ members X \$5.05	\$	
	\$	
	\$	
	\$	
	\$	

Paperwork Items

## PHOTOGRAPHY RELEASE

<p><b>Permission to use child's image, name and/or school.</b></p>	<p><b>Permission to use adult image, name, organization name, and/or title.</b></p>
<p>I, _____, (Print Parent/Guardian's Full Name) am the parent or guardian of:</p> <p>_____ (Print Name of Minor Child)</p> <p>_____ (Print Name of Child's School)</p>	<p>I, _____, (Print Full Name) am an adult 18 years of age or older.</p> <p>_____ (Print Title)</p> <p>_____ (Print School or Organization Name)</p>

I hereby grant and assign the California State PTA, its units, councils, districts and legal representatives, the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, **all photographic, video, and digital images as indicated below:**

<input type="checkbox"/> <b>PHOTO / IMAGE <u>ONLY</u> of my child.</b>	<input type="checkbox"/> <b>PHOTO / IMAGE <u>ONLY</u> of myself.</b>
<input type="checkbox"/> <b>PHOTO / IMAGE <u>ONLY</u> of my child with SCHOOL NAME.</b>	<input type="checkbox"/> <b>PHOTO / IMAGE <u>ONLY</u> of myself with SCHOOL NAME or ORGANIZATION.</b>
<input type="checkbox"/> <b>PHOTO / IMAGE of my child with my CHILD'S NAME, and my child's SCHOOL'S NAME.</b>	<input type="checkbox"/> <b>PHOTO / IMAGE of myself with my NAME, my ORGANIZATION, and/or my TITLE.</b>

**By signing this, I hereby release the California State PTA, its units, councils, districts and its legal representatives from all claims and liability relating to said photographs, video and digital images.**

Date: \_\_\_\_\_

Parent/Guardian/Adult Signature: \_\_\_\_\_

Print Name as Signed: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete and return to:

\_\_\_\_\_



## Recognition Program

Recognizing individuals or organizations for their contributions to children and families is a PTA program unit can do to fulfill the “3 to 1” programs to fundraiser rule. Has your unit officially recognized a volunteer, or business for their service with a LBCPTA Praise, Thanks and Appreciation award, (PAT), or a CAPTA Honorary Service Award (HSA)?

If the answer is **YES**, then Long Beach Council would like to acknowledge the recipients at the In & Our Ceremony & Awards meeting held in June. Please fill out the form below and turn in at the **MAY** UPs meeting. Awardees will be included in the program along with your description. We look forward to hearing about the people who stand out in your school community.

Unit Name: \_\_\_\_\_

PTA President’s Name: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Name of Honoree	Award given (Type of HSA or PAT)	Date
Award given for:		

Briefly describe how/why the award/s was/were presented: *(please use the back side of this form if you need more room or for more than one recipient following the same format).*

*(i.e. We presented our teacher Mr. Jones with a PAT award because he was helpful and enthusiastic about encouraging people to join our PTA and we honored our outgoing Membership Chairman Sally Sanders with an HSA for her efforts raising our membership numbers at our April association meeting)*

# Online Submission Instructions for the

## WORKERS' COMPENSATION ANNUAL PAYROLL REPORT (01/05/2021-01/04/2022)

**EVERY PTA MUST FILL OUT THIS REPORT EVEN IF NO ONE WAS PAID**

**Please note:** this online submission form is available in Spanish and English.

Para la version en espanol, hada clic aqui:

A copy of your bylaws will be useful when filling out this form.

Fields marked with an "\*" are required fields and the system will not submit the form if any of these fields are blank.

The policy term is January 5, 2021 – January 4, 2022.

Payments for the insurance surcharge, if any, are due by January 31<sup>st</sup>, 2022.



EVERY UNIT, COUNCIL, AND DISTRICT PTA MUST COMPLETE  
AND RETURN THIS FORM EVEN IF NO ONE WAS PAID



PTA Name

This information can be found on the front cover of your bylaws.

(As Shown in Bylaws)

School Address\*

City\*

Zip\*

School District

This is the name of the school district your school is located in.



PTA District

Number is located on the cover page of your bylaws.

Please Select One

Email\*

Please use the email address for the person filling out the form. A copy of this completed form will be emailed to this address.

CAPTA ID #

Number is located on the cover page of your bylaws.

Federal EIN #

Located in your bylaws, towards the end, just before the signature page

Is This An Amended Form?

If you filed this form once, and then needed to make changes, the new form would be an amended form.

No

Yes

If this is an amended form, all data including the complete list of individuals paid for January 5, 2021, through January 4, 2022 must be re-entered.

**Every Unit, Council, and District PTA Must Complete and Return This Form Even If No One Was Paid**

This report form must be completed no later than January 31.

- ◆ Unit, council, and district PTAs are required to file this form, **even if no one was paid.**
- ◆ Report ALL individuals PTA paid directly for services – attach additional Payroll Report detail pages(s) as necessary.
- ◆ Signed by treasurer or president.
- ◆ See California State PTA Toolkit, “Workers’ Compensation Annual Report,” for more information.
- ◆ **No surcharge is due as long as total payments to all individuals not carrying their own workers’ compensation coverage is equal to or less than \$1,000.**

## Individuals Paid

This question is very important. If you are uncertain which box to check, please read the information below "Who should you list on this form?"

NO ONE PAID

I Have Payments To Report

Please Note: List only those individuals that PTA pays directly for services. Do NOT list individuals when monies are donated to a school district to pay workers.

### Who should you list on this form?

Any individuals paid directly by PTA **for services**, including employees and independent contractors, are considered to be hired by the PTA and must be listed on this form. You must list the name of the individual worker, type of work performed, dates worked, amount paid, and whether this person has his/her own Workers' Compensation insurance on the Workers' Compensation Annual Payroll Report. If the PTA does not pay the worker directly but donates the money to the school, do not list the worker.

You must be specific about what type of work is performed. Some examples:

- Babysitters must be listed on this form when paid by the PTA
- Off-duty policemen hired by PTA, with payment made by the PTA directly to the officer, must be listed on this form.
- Individuals such as technology aides paid by a school district or other employer are NOT considered to be hired by the PTA and are not listed on this form.
- Individuals such as technology aides paid by a PTA as independent contractors ARE considered to be hired by the PTA and ARE listed on this form.
- Individuals paid by the PTA and the PTA has filed any employment report ARE considered to be hired by the PTA and ARE listed on this form.
- Payments to police departments or security agencies for security personnel are not included, if the persons were salaried by the department or agency during the period of service to the PTA

[Save and Resume Later](#)

This is a great feature. If you have started the form and then realize you need additional information

What happens once you submit the form?

You will receive an email at the email address you entered on the form. Please print a copy for the treasurer's files as well as upload a copy to myPTEZ. A link will be included in the email you receive.

# Thirty-Third District PTA In-Council Unit Officer, Chairman & Principal Template

Immediately after elections for the 2022-2023 term, complete and return this form electronically to your council.

Send in the names and information for your principal, all unit officers and chairmen by May 1, 2023 or as soon as possible.

Email and phone numbers are required for all officers and chairmen. ***The mailing address is also required for all presidents.***

Forward any changes or additional names and information as you receive them **highlighting the information in a different color font.**

Failure to meet the deadline may delay your District, State and National PTA mailings.

**PLEASE EMAIL THIS COMPLETED FORM AS AN ATTACHMENT AND RETURN IT TO: [president@longbeachcouncilpta.org](mailto:president@longbeachcouncilpta.org)**

**COUNCIL:** Long Beach

**UNIT NAME:** \_\_\_\_\_

	First Name	Last Name	Address	City	Zip	Phone #	Email
<b>Principal</b>							
<b>Unit PTA Positions</b>	<b>First Name</b>	<b>Last Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone #</b>	<b>Email</b>
President							
Treasurer							
Recording Secretary							

# Unit Check Signer Form

Approved check signers are listed in the unit bylaws

Name	Position	Email
	President	
	Treasurer	

At least three elected officers, two of whom must be the president and the treasurer, shall be approved to sign checks and have their signatures on file at the bank. The authorized check signers must not be related by blood or marriage or reside in the same household. Refer to PTA bylaws for authorized check signers.

- Do not sign a blank check.
- Do not sign a check made out to yourself.