



May 5, 2020

Jennifer I. Hansen  
Hansen & Cleary LLC  
555 Skokie Blvd – Suite 250  
Northbrook, IL 60062

**VIA EMAIL – [jennifer@hansencleary.com](mailto:jennifer@hansencleary.com)**

Re: FOIA Request Dated April 21, 2020 and received April 21, 2020

Subject: A request for a copy of all personnel documents related to Dennis J. de Garcia including, but not limited to, the following:

- a. A copy of his contract with District 308 during the 2015-2016 school year and/or any other documentation regarding his employment as a volleyball coach.
- b. A copy of his resume and/or curriculum vitae;
- c. A copy of his personnel file;
- d. A copy of his certified payroll record;
- e. Copies of any and all certifications, licensures, and proof of completion of any and all trainings, seminars and conferences including, but not limited to, mandated reporting training;
- f. Copies of any parent complaints against Dennis J. de Garcia and
- g. A copy of any third-party contract agreement between District 308 and Dennis J. de Garcia and/or the agency employing Dennis J de Garcia, if any

Dear Ms. Hansen:

This letter will serve as Oswego Community Unit School District 308's response to your April 21, 2020 request under the Freedom of Information Act (5 ILCS 140/1 et seq.), in which you asked for the above referenced information. The information responsive to your request is attached.

To promote district transparency and assist others who may have a similar question, this responsive document will be posted online on the district's website. To access it, go to [www.sd308.org](http://www.sd308.org) and select *Our District > Freedom of Information Act Request > FOIA Request Responses*, then select *FOIA ID #20-19*.

Please be advised that to comply with your FOIA request, the district incurred an expense that comprised of the cost of labor and resources used to search for records responsive to your request

Please let me know if you have additional questions. Thank you.

*Mary Anne Buckley*

Mary Anne Buckley  
Freedom of Information Officer

✓ to Sue/payroll  
File

## Termination/Resignation Form

Sent By: ssauer

Completed By: User - ssauer

Sent On: 1/7/2016 9:15am CT

Completed: 1/8/2016 10:24am CT

\* Employee Last Name: De Garcia  
\* Employee First Name: Dennis  
\* Position: Asst Girls Volleyball Coach  
\* Location: Oswego High School  
\* Last Day Worked: 12/31/2015  
\* Reason for Termination: T - Terminated - Non-Medical

Comments:

Misconduct (Dennis was a coach only)

\* Eligible for Rehire? No  
\* Replacing Position? (If yes, please complete the Posting Request Form on AppliTrack): Yes  
\* Did you collect all District Property, i.e., keys, phone, etc.? (If no, please specify under Comments.) Yes

Comments:

Please upload resignation letter/termination paperwork  
degarcia term letter.pdf

Supervisor Signature:

X Signed: **Roxana Sanders/ss**  
Stamped: 1/8/2016 10:23:45 AM; 107.1.119.254; User - ssauer - ssauer@sd308.org;

## FOR HR USE ONLY

Human Resources Signature

X Signed: **Sharon Sauer**  
Stamped: 1/8/2016 10:24:14 AM; 107.1.119.254; User - ssauer - ssauer@sd308.org;

Date of Board Meeting

02/08/2016

January 6, 2016

VIA CERTIFIED MAIL and FIRST CLASS U.S MAIL

Dennis J. De Garcia  


**RE: Notification of Termination of Employment**

Dear Mr. De Garcia:

On December 18, 2015 I sent you a letter via certified mail notifying you that District 308 received the results of the investigation conducted by the Department of Children and Family Services regarding your relationship with an underage student.

You were provided an opportunity to participate in a disciplinary hearing regarding this case by calling Dr. Sparlin on December 30, 2015 at 10 a.m. Since you elected to forgo your right for a hearing, this letter serves as a formal notice of termination of your employment as an Assistant Girls Volleyball Coach with Community Unit School District 308 effective December 31, 2015.

The reason for the termination of your employment is your inappropriate relationship with an underage student as established through the investigation completed by the Department of Children and Family Services.

Sincerely,



Roxana Sanders  
Director of Human Resources

cc: Dr. Sparlin  
Personnel File ✓

# Form W-4 (2015)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>						
<b>B</b>	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td><td rowspan="3"><b>B</b></td><td rowspan="3"><u>1</u></td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	<b>B</b>	<u>1</u>	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.		
• You are single and have only one job; or	}	<b>B</b>				<u>1</u>			
• You are married, have only one job, and your spouse does not work; or									
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.									
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>1</u>						
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>1</u>						
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>1</u>						
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	<u>1</u>						
<b>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>									
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.								
	• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.								
	• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>1</u>						
<b>H</b>	Add lines A through G and enter total here. <b>(Note. This may be different from the number of exemptions you claim on your tax return.)</b> ▶	<b>H</b>	<u>1</u>						

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		<b>2015</b>	
1 Your first name and middle initial <u>Norris J</u>		Last name <u>deBorja</u>		2 Your social security number <u>[REDACTED]</u>	
Home address (number and street or rural route) <u>[REDACTED]</u>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		<u>0</u>	
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$		<u>0</u>	
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7		<u>1</u>	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) <u>[Signature]</u>		Date		<u>6/26/2015</u>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

# Illinois Withholding Allowance Worksheet

## General Information

Complete this worksheet to figure your total withholding allowances.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- ☒ No one else can claim me as a dependent.  
☐ I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. 1 1
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 0
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 1
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4 0

## Step 2: Figure your additional allowances

Check all that apply:

- ☐ I am 65 or older. ☐ I am legally blind.  
☐ My spouse is 65 or older. ☐ My spouse is legally blind.

- 5 Enter the total number of boxes you checked. 5 0
- 6 Enter any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 0
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 0
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 0
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9 0

**IMPORTANT:** If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

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



Illinois Department of Revenue

## IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number

de Garcia Dennis J

First name

Last name

City

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate. ☒

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 0
- 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 0
- 3 Enter the additional amount you want withheld (deducted) from each pay. 3 0

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature

Date

6/26/2015

**Employer:** Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Department of  
**DCFS**  
Children & Family Services

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**ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS**

I, Dennis J. McGee, understand that when I am employed as a  
(Employee Name)

Coach, I will become a mandated reporter under the  
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

CANTS 22  
Rev. 8/2013

Office of the Director  
406 E. Monroe Street • Springfield, Illinois 62701  
[www.DCFS.illinois.gov](http://www.DCFS.illinois.gov)

## Acknowledgement

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Return to Community Unit School District 308 Human Resources Department

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I acknowledge that I have received a copy of Community Unit School District 308 Sexual Harassment (Policy Number 5:20), Computer Network Services (Policy Number 5:155) and Drug- and Alcohol-Free Workplace (Policy Number 5:50) and Tobacco Prohibition Policy and that I am responsible for reading, understanding, and abiding by these policies. I agree to fully comply with the Sexual Harassment, Harassment, Computer Network Services and Drug and Alcohol – Free Workplace and Tobacco Prohibition policies.

  
\_\_\_\_\_  
Signature

deGarcia Peris  
Printed Name

26 / 6 / 2015  
Date



*NEW*  
*coach*  
*6/17/11*

*neg. check ✓*  
*FP - not on list ✓*  
*OK*  
*To char ✓*  
*6/27/2015*  
*File*

## Candidate Recommendation (Athletics/Activities)

For: **degarcia, dennis**

Completed By: User - rsanders

Sent On: 6/18/2015 10:13am CT

Sent By: dhoward

Overall Status: Approved

Completed: 6/18/2015 3:46pm CT

\* Please indicate position to fill:

4620 - Assistant Girls Volleyball Coach (OH)

\* Please indicate reason to fill:

Replacement (indicate name below)

\* What portion (%) of this extra duty will be performed by this individual?

100

Name of employee last in this position, if applicable:

Jo Arceo

### In the case of a leave cover position, please complete this section:

Who is the employee on leave?

Is this a full year leave?

What is the start date of the employee's leave?

What is the end date of the employee's leave?

\* Dates of leave should match email notification from Benefits Secretary.

What is the start date of the leave cover assignment?

What is the end date of the leave cover assignment?

\* Has candidate ever been fingerprinted by District 308? (Ask candidate.)

No

\* Is recommended candidate a current District 308 regular employee?

No

If yes, current building name?

If yes, current position?

\* Is recommended candidate a current District 308 substitute employee?

No

If yes, please indicate type of District 308 substitute:

### Please confirm the following materials are currently associated with the candidate's application materials on AppliTrack:

\* Completed online application?

Yes

\* Licensure appropriate for position?

Yes

\* Completed telephone reference checks (minimum of two)?

Yes

Building/Department Administrator Signature

**X** Signed: **Darren Howard**

Stamped: 6/18/2015 10:14:14 AM; 107.1.119.254; User - dhoward - dhoward@sd308.org;

\* Please select the email address for the appropriate principal for approval:

mwayne@sd308.org



# Community Unit School District No. 308 Online Application

degarcia, dennis - AppNo: 61711

Date Submitted: 6/9/2015

## Personal Data

**Name:** Mr. dennis j degarcia  
(Title) (First) (Middle Initial) (Last)

Other name(s) under which transcripts, certificates, and former applications may be listed:

**Other:** (Title) (First) (Middle Initial) (Last)

**Email Address:**

## Postal Address

### Permanent Address

Number & Street:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Other Phone:

Other Email:

### Present Address

Number & Street:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Other Phone:

## Employment Desired

### Open Vacancy Desired:

JobID: 4620

**Athletics/Activities:** Assistant Girls Volleyball Coach (OH) at Oswego High School

**Date Last Submitted**  
6/9/2015

**Experience in Similar Positions**  
2 years

Please indicate your preference in full or part time positions.

**Both full and part time**

### Position Desired:

#### Athletics/Activities

1. Asst. Athletic Director
2. Coaching

**Experience in Similar Positions**  
-  
3 years

## Experience

Position Title	School/Facility Held At	District/Organization Held At
Coach	Fusion Volleyball 147 south fabyan rd geneva il 60134 6304436675	Fusion volleyball Marengo il 18155726762
Immediate Supervisor Contact Information		
Mike Bui	8478156597	mbui0112@gmail.com
Additional Information		
Dates From - To:	7/2013 -	Full/Part Time: Part Annual Salary: 13,000
Reason For Leaving:	current	

## Community Unit School District No. 308 Online Application

degarcia, dennis - AppNo: 61711

Date Submitted: 6/9/2015

### Extracurricular Activities

<b>Athletic</b>	Aquatics	Badminton	Baseball	Football
	Swimming	Volleyball	Wrestling	
<b>Club</b>	Art	Astronomy	Chemical Awareness	Chess
	Computer	Concessions	Environmental	Flag Squad
	Greenhouse	International	Internet Club	Photography
	Special Olympics	Tickets	Water Polo	Woodworks
	Work Program			

Please provide more details regarding your experience or interest in your selected extra curricular activities. For instance, provide details on any experience as a participant at the high school or college level or as a director, coach, supervisor, or sponsor.

I have worked several years now volunteering at St Patricks School in all the activities above I enjoy learning and teaching.  
There is always time to learn.

Im a eagle scout with countless hours of volunteer work and community service.

### Language Skills

Do you know any language other than English? Yes

Language(s): Latin  
Oral Level: Literate  
Written Level: Fluent

### Professional References

	Reference 1 of 3	Reference 2 of 3
<b>Name:</b>	Mike Bui	jason yeates
<b>School/Org:</b>	St charles east	St charles north
<b>Current Position:</b>	Volleyball coach Girls soccer coach	Special ed teacher boys varsity
<b>Home Phone:</b>	18478156597	12246000359
<b>Cell Phone:</b>	8478156597	12246000359
<b>Work Phone:</b>	8155726762	8154043291
<b>Mailing Address:</b>	11104 s GRANT HWY MARENGO IL 60152	2739 alft lane elgin il 60124
<b>Email:</b>	MBUI0122@GMAIL.COM	jyeates@d303.org
<b>Relationship to Candidate:</b>	Friend	Mentor
<b>Years Known:</b>	4	9

## Community Unit School District No. 308 Online Application

degarcia, dennis - AppNo: 61711

Date Submitted: 6/9/2015

### General Information continued

If Yes, explain:

\* Are you a relative of any board member, administrator, or supervisor who is currently serving District 308?

No

Name:

Position:

Relationship:

\* Can you perform all the essential job function(s) of the position(s) for which you are applying, with or without reasonable accommodation?

Yes

List any accommodations:

\* Have you ever been employed by District 308?

No

If yes, in what capacity, if no please enter N/A?

N/A

### Equal Opportunity Employer

District 308 is an Equal Opportunity Employer and provides employment opportunities on a nondiscriminatory basis. The District prohibits discrimination in employment on the basis of race, sex, color, national origin, religion, age, disability, ancestry, marital status, military service or unfavorable discharge from military service. The District has a policy of active recruitment of qualified minority teachers, administrators and non-certified employees.

Any individual needing assistance in making application for any District opening should contact the Personnel Department at (phone) 630-636-3080.

### Legal Information

Please Note: Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.

\* If hired, can you submit immediate verification of your legal right to work in the United States?

Yes

\* Have you been convicted or plead guilty to any felony in Illinois or a crime in any other state or county which would be considered a felony in Illinois? Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.

No

If yes, explain, giving dates:

\* Have you ever had any indicated finding of child abuse filed in your name?

No

If yes, explain, giving dates:

## Telephone Reference Check

For: **degarcia, dennis**  
Sent By: **dhoward**

Completed By: User - dhoward

Sent On: 6/18/2015 3:20pm CT  
Completed: 6/18/2015 3:23pm CT

\* Date of Conversation: 06/17/2015  
\* Name of Reference: Mike Bui  
\* Reference's School District/Organization: Fusion Volleyball Program  
Sample Prompt: Hi, this is \_\_\_\_\_ with School District 308. Can I take a few minutes of your time to speak with you regarding (candidate), who has recently applied for a position in our district?

1. What were the dates of their employment? Or how long have you known the candidate? What was the nature of this individual's job?

2013-Curent, Dennis is a coach in the Fusion Club program

2. How is the candidate perceived by other staff members in your building/organization?

Dennis has excellent people skills to work with students and interact with staff.

3. Please comment on the candidate's character, dependability and attendance.

Dennis is only a 2nd year coach, but has made a huge impact in our program already. He's been a big team player in helping out. He is always doing what's best for the program not for himself.

4. Does the candidate have any weaknesses or special problems that impacted this individual's job performance while employed with your district/organization?

Not at all, I believe the school is lucky to have a coach like Dennis in their program.

5. Is the candidate able to communicate effectively in order to establish a rapport with:

\* a. Co-workers? yes  
b. Students? (if applicable) yes  
c. Parents? (if applicable) yes

6. On a scale of 1-10, with 10 being the highest, how would you rank the candidate's knowledge of the subject matter/curriculum in her/his assignment? (if applicable)

7. Does the candidate have the ability to maintain an appropriate classroom environment? (if applicable)

\* 8. Would you rehire the candidate? Yes

# EMPLOYEE INFORMATION SHEET

(\*\*\*Please print name as shown on your social security card \*\*\*)

de Garcia  
(Last)

Dennis  
(First)

J  
(Middle)

Title: ☐ Dr. ☒ Mr. ☐ Mrs. ☐ Ms.

Assignment Position (Custodian, Teacher, Substitute, etc.): Teacher Building: \_\_\_\_\_ Grade/Subject (if applicable): \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

\*\*Sub Teachers, Coaches, Behind-The-Wheel only: Are you currently a contracted teacher in another district?: ☐ Yes ☒ No Retired TRS: ☐ Yes ☒ No

Gender: ☐ F ☒ M IEIN (Administrators/Teachers/ Paraprofessionals only): \_\_\_\_\_

Marital Status: ☐ Single ☒ Married ☐ Civil Union ☐ Divorced ☐ Widowed Maiden/Previous Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Select Primary Contact: ☐ Home ☒ Cell

Emergency Contact Name: Lee Ann de Garcia Emergency Contact Phone: \_\_\_\_\_

## HR USE ONLY

Transcript Required: ☐ Yes ☐ No

Actual Start Date: \_\_\_\_\_ RATE/SALARY: \$ \_\_\_\_\_

Employee Signature

6/26/2015  
Date

75082



December 18, 2015

**VIA CERTIFIED MAIL and FIRST CLASS U.S MAIL**

Dennis J. De Garcia  


**RE: Notification of Disciplinary Hearing**

Dear Mr. De Garcia:

The purpose of this letter is to formally notify you that District 308 received the results of the investigation conducted by the Department of Children and Family Services regarding your relationship with an underage student.

**Please call Dr. Sparlin at 630-636-3088 on December 30, 2015 at 10 a.m. to participate in a disciplinary hearing regarding this case.** If you elect to waive your right for a hearing, the decision will be mailed to you via certified mail.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Sanders".

Roxana Sanders  
Director of Human Resources

cc: Dr. Sparlin  
Personnel File



January 6, 2016

**VIA CERTIFIED MAIL and FIRST CLASS U.S MAIL**

Dennis J. De Garcia  


**RE: Notification of Termination of Employment**

Dear Mr. De Garcia:

On December 18, 2015 I sent you a letter via certified mail notifying you that District 308 received the results of the investigation conducted by the Department of Children and Family Services regarding your relationship with an underage student.

You were provided an opportunity to participate in a disciplinary hearing regarding this case by calling Dr. Sparlin on December 30, 2015 at 10 a.m. Since you elected to forgo your right for a hearing, this letter serves as a formal notice of termination of your employment as an Assistant Girls Volleyball Coach with Community Unit School District 308 effective December 31, 2015.

The reason for the termination of your employment is your inappropriate relationship with an underage student as established through the investigation completed by the Department of Children and Family Services.



Sincerely,



Roxana Sanders  
Director of Human Resources

cc: Dr. Sparlin  
Personnel File

7008 1830 0000 3957 2623

U.S. Postal Service <small>TM</small>	
CERTIFIED MAIL <small>TM</small> RECEIPT	
<small>(Domestic Mail Only; No Insurance Coverage Provided)</small>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage	\$ 0.485
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.735
Postmark Here	
Sent To <u>Dennis DeGarcia</u> <u>1/6/2016</u>	
Street, Apt. No. or PO Box No. 	
City, State, ZIP+4 	
PS Form 3800, August 2006 See Reverse for Instructions	



October 9, 2015

**VIA CERTIFIED MAIL and FIRST CLASS U.S MAIL**

Dennis J. De Garcia  


**RE: Notification of Placement on Unpaid Administrative Leave**

Dear Mr. De Garcia:

The purpose of this letter is to formally notify you that as of Friday, October 9, 2015 you have been placed on unpaid administrative leave pending investigation of your alleged inappropriate relationship with an underage student. The investigation is being conducted by the Department of Children and Family Services and Oswego Police.

You are hereby directed not to be on the school premises at any time and to refrain from any contact in any form with District 308 students. Should you have any questions, please contact me directly.

Sincerely,



Roxana Sanders  
Director of Human Resources

cc: Michael Wayne, Principal, Oswego High School  
Darren Howard, Athletic Director, Oswego High School  
**Personnel File**

SUNGARD PENTAMATION  
DATE: 05/05/2020  
TIME: 14:53:54

OSWEGO COMMUNITY UNIT D  
CONCISE CHECK HISTORY REPORT

PAGE NUMBER: 1  
MODULE NUM: PAYPRO53

SELECTION CRITERIA: employee.empl\_no=75082

EARNINGS				DEDUCTIONS						
CODE	TITLE	HOURS	AMOUNT	ORGN	PROJECT	CLASS	CODE	TITLE	AMOUNT	EMPLOYER
CHECK NUMBER: V480380		CHECK DATE: 08/14/2015		START DATE: 08/01/2015		END DATE: 08/12/2015				
EMPLOYEE - 75082		DENNIS J. DE GARCIA								
302	ACTIVITY	.00	1,105.00	1011306161205		5002	*FI	FICA	68.51	68.51
							*FM	MEDICARE	16.02	16.02
							*FT	FEDERAL	132.15	.00
							*SIL	STATE	41.44	.00
							9999	CHASE/CHGO	846.88	.00
TOTAL CHECK		.00	1,105.00						1,105.00	84.53
.00 VOUCHER										
CHECK NUMBER: V487053		CHECK DATE: 09/30/2015		START DATE: 09/16/2015		END DATE: 09/30/2015				
EMPLOYEE - 75082		DENNIS J. DE GARCIA								
003	REG SALARY	1.00	1,932.50			6044	*FI	FICA	119.82	119.82
							*FM	MEDICARE	28.02	28.02
							*FT	FEDERAL	283.93	.00
							*SIL	STATE	72.47	.00
							9999	CHASE/CHGO	1,428.26	.00
TOTAL CHECK		1.00	1,932.50						1,932.50	147.84
.00 VOUCHER										
CHECK NUMBER: V495244		CHECK DATE: 11/13/2015		START DATE: 11/01/2015		END DATE: 11/15/2015				
EMPLOYEE - 75082		DENNIS J. DE GARCIA								
003	REG SALARY	1.00	1,932.50			6044	*FI	FICA	119.82	119.82
							*FM	MEDICARE	28.02	28.02
							*FT	FEDERAL	283.93	.00
							*SIL	STATE	72.47	.00
							9999	CHASE/CHGO	1,428.26	.00
TOTAL CHECK		1.00	1,932.50						1,932.50	147.84
.00 VOUCHER										
TOTAL VOID		.00	.00						.00	.00
.00										
TOTAL MANUAL		.00	.00						.00	.00
.00										
TOTAL REGULAR		2.00	4,970.00						4,970.00	380.21
.00										
TOTAL REPORT		2.00	4,970.00						4,970.00	380.21
.00										