

TO: Dr. Charles Johns FROM: Rosanne Williamson RE: FOIA Requests

### **FOIA Response:**

Please see the attached email response. Responsive documents can be found online at <a href="http://il.glenbrook.schoolboard.net/board">http://il.glenbrook.schoolboard.net/board</a>. (Responsive documents will not be attached to the all documents pdf, but can be found under the FOIA agenda item.)

### **Background:**

The Freedom of Information Act (FOIA - 5 ILCS 140/1 et seq.) is a state statute that provides the public the right to access government documents and records. A person can ask a public body for a copy of its records on a specific subject and the public body must provide those records, unless there is an exemption in the statute that protects those records from disclosure (for example: records containing information concerning student records or personal privacy).

A public body must respond to a FOIA request within 5 business days after the public body receives the request or 21 business days if the request is for commercial purpose. That time period may be extended for an additional 5 business days from the date of the original due date if:

- The requested information is stored at a different location;
- The request requires the collection of a substantial number of documents;
- The request requires an extensive search;
- The requested records have not been located and require additional effort to find;
- The requested records need to be reviewed by staff who can determine whether they are exempt from FOIA;
- The requested records cannot be produced without unduly burdening the public body or interfering with its operations; or
- The request requires the public body to consult with another public body who has substantial interest in the subject matter of the request.

If additional time is needed, the public body must notify the requester in writing within 5 business days after the receipt of the request of the statutory reasons for the extension and when the requested information will be produced.



### Elaine Geallis <egeallis@glenbrook225.org>

### Re: Glenbrook High Schools District 225 - FOIA Request

1 message

**Rosanne Marie Williamson** <a href="mailto:rwilliamson@glenbrook225.org">rwilliamson@glenbrook225.org</a> To: Kathleen Jenig <a href="mailto:KJenig@carpentersunion.org">KJenig@carpentersunion.org</a> Bcc: egeallis@glenbrook225.org

Tue, Oct 15, 2019 at 8:44 AM

Dear Ms. Jenig,

Thank you for writing to Glenbrook High School District 225 with your request for information pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq.

On 10/7/19 we received your request for the following information:

 All certified payroll documents for all work performed by Anderson Lock at Glenbrook North HS and Glenbrook South HS from January 2019 thru September 2019.

### District Response: Please see attached.

Sincerely,

Rosanne Williamson, Ed.D.
Secretary, Board of Education
Assistant Superintendent for Educational Services
Glenbrook High School District 225
3801 West Lake Avenue
Glenview, IL 60026

On Mon, Oct 7, 2019 at 9:20 AM 'Kathleen Jenig' via FOIA <Foia@glenbrook225.org> wrote:

My name is Kathy Jenig and I am with the Chicago Regional Council of Carpenters. This is a request for information under the Freedom of Information Act.

I request a copy of all certified payroll documents for all work performed by **Anderson Lock** at **Glenbrook North HS** and **Glenbrook South HS** from **January 2019 thru September 2019**.

Please provide documents in electronic form.

Thank you in advance for your prompt reply.

Kathy Jenig

Chicago Regional Council of Carpenters

12 East Erie Street

Chicago, IL 60611

P: 312-787-3076

F: 312-951-1540

kjenig@carpentersunion.org

www.carpentersunion.org

NOTICE: This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.





### **AFFIDAVIT**

Weekly Statement of Compliance Date: Sep 18, 2019 Laura Miller (name signatory party) Office Manager (Title) hereby state: that I pay or supervise the payment of the persons employed on the public works project Wireless Access Control (name of project) that during the payroll period commencing on the day of August , 2019 , (year) (day) (month) all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Anderson Lock Company (name of contractor or subcontractor) from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed. Signature Digital Signature

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Health Fund	Blue Cross Blue Shield of Illinois
Health Address	Chicago, IL
Health Sponsor	
Health Admin	Laura Miller
Pension Fund	
Pension Address	
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Pension Admin	
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401(k) Fund	Anderson Lock Profit Sharing Fund
401(k) Address	Des Plaines, IL
401(k) Sponsor	
401(k) Admin	Cortney Wascher
Vacation Fund	
Vacation Addres	ss
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Vacation Admin	

**FRINGES** 

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) D	State of Illinois
17	State of Illinois Illinois Department of Labor

IDOL Case File Number:				Pay	roll Start:	Aug 18,	2019			Payroll End:	Aug 24, 20	19			
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			(Com	pany Nam	ie)			(Contact Na	ame)		Public Body N	ame)		(Contact Nan	ie)
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(Project Location)	L F	Repor	t Hour	s for Ea	ch Day,	Including	Overti	me Hour	s, List Hou	l urly Prevailing \	Nage Rate	and Hourly	Fringe Be	nefits Alloti	ments.
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Des Plaines, IL 60018		N						10 504							
Labor Classification	_	Но	urly Frin	ge Benefi	t: Pens	ion: 2.20		Heal	th/Welfare:	2.49	Vacation	: 1.25	Traini	ng:	

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

### AFFIDAVII

Weekly Statement of Compliance

2019
p 18,
Sep
)ate:

Laura Miller

Health Admin

Chicago, IL

Health Address

Health Fund

Health Sponsor

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Laura Miller	(name signatory party)	Office Manager	(Title)	nereby state: that I pay or supervise the payment	of the persons employed on the public works	oroject Wireless Access Control	
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Pension Address Pension Sponsor

Pension Fund

Pension Admin

that during the payroll period commencing on the rebates have been or will be made either directly all persons employed on said project have been paid the full weekly wages earned, that no 2019 (year) or indirectly to or on behalf of said (month) day of August

Anderson Lock Profit Sharing Fund

Des Plaines, IL

401(k) Address

401(k) Fund

401(k) Sponsor

Cortney Wascher

401(k) Admin

Vacation Address Vacation Sponsor

Vacation Fund

Vacation Admin

## Anderson Lock Company

from the full weekly wages earned by any person, stated and that the classification set forth for each laborers or mechanic conform to the work he/she therein are not less than the actual rates herein earned by any persons, other than permissible and that no deductions have been made either directly or indirectly from the full weekly wages deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates contained (name of contractor or subcontractor) performed

Signature

Digital Signature

### FRINGES

Attach explanation of Monies paid, copy of contract	of billing or other pertinent information	
	Blue Cross Blue Shield of Illinois	***************************************

SUBCONTRACTORS

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Company Name:	Contact Person:		(Address)	City) (State) Telephone Number:	Company Name:	Contact Person:	 (Address	(State) (State) Telephone Number:	Company Name:	Contact Person:	(Address)	(City) (State) Telephone Number:	Company Name:
		,		(zipcode)				(zipcode)				(zipcode)	

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments. (Contact Name) (City) (Telephone Number) Glenview RJ Gravel **Public Body Information** 847-998-6100 Northfield Township High School District #225 (Street Address) (Public Body Name) Aug 31, 2019 (Zipcode) 3801 W Lake Ave Ste 200 60026 Payroll End: (State) \_ (Contact Name) **Des Plaines** (Telephone Number) Contractor and/or Subcontractor Laura Miller Payroll Start: Aug 25, 2019 847-824-2800 (Street Address) (Company Name) Anderson Lock Company (Zipcode) 60018 850 E Oakton St (State) = South & North High Schools & Off Campus Bidg (Contract Number) (Project Location) (Project Number) IDOL Case File Number: Wireless Access Control

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benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for finge benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor showing start and end time each day.

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Date:	

Office Manager  (Title)  hereby state: that I pay or supervise the payment of the persons employed on the public works
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Pension Address Pension Sponsor

**Pension Fund** 

Pension Admin

that during the payroll period commencing on the project Wireless Access Control (name of project)

, 2019 (year) (month) day of Sept

rebates have been or will be made either directly all persons employed on said project have been paid the full weekly wages earned, that no or indirectly to or on behalf of said

## Anderson Lock Company

stated and that the classification set forth for each from the full weekly wages earned by any person, laborers or mechanic conform to the work he/she therein are not less than the actual rates herein earned by any persons, other than permissible and that no deductions have been made either directly or indirectly from the full weekly wages deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates contained (name of contractor or subcontractor) performed.

Signature

Digital Signature

### FRINGES

Attach explanation of Monles paid, (	of billing, or other pertinent informat	-
	Blue Cross Blue Shield of Illinois	

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.  Company Name:  Contact Person:  (Address)  (City)  (State)  (zipcode)  Telephone Number:
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Laura Miller

Health Admin

Chicago, IL

Health Address Health Sponsor

Health Fund

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Contact Person:	(Address)	(City) Telephone Number:

Anderson Lock Profit Sharing Fund

Des Plaines, IL

401(k) Address

401(k) Fund

401(k) Sponsor

Cortney Wascher

401(k) Admin

Vacation Address Vacation Sponsor

Vacation Fund

Vacation Admin

Company Name:

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IDOL Case File Number:

# Certified Transcript of Payroll

Sep 7, 2019

Payroll End:

Payroll Start: Sep 1, 2019

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benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for finge benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor showing start and end time each day.

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## Anderson Lock Company

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Vacation Address Vacation Sponsor Vacation Admin

from the full weekly wages earned by any person, stated and that the classification set forth for each laborers or mechanic conform to the work he/she therein are not less than the actual rates herein earned by any persons, other than permissible and that no deductions have been made either directly or indirectly from the full weekly wages deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates contained (name of contractor or subcontractor) performed

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Signature

(zipcode)

(State)

Telephone Number:

(City)

(Address)

Contact Person:

Digital Signature

### FRINGES

of billing, or other perti	Company Name:
Blue Cross Blue Shield of Illinois	Chicago, IL

Health Address

Health Fund

Contact Person:

Laura Miller

Health Admin Health Sponsor

	(Add
Pension Fund	(City)
Pension Address	Telephone Number:
Pension Sponsor	
Pension Admin	Company Name:
	Contact Person:
401(k) Fund Anderson Lock Profit Sharing Fund	
401(k) Address Des Plaines, IL	(Addre
401(k) Sponsor	(City)
401(k) Admin Cortney Wascher	Telephone Number:
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## SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract inent information.

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Company Name:		
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Company Name:		

## State of Illinois Illinois Department of Labor

IDOL Case File Number:

# Certified Transcript of Payroll

Sep 14, 2019

Payroll End:

Payroll Start: Sep 8, 2019

2,018.94 1,894.06 2,603.6 1,894.21 Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments. Per Pay Period (Contact Name) (City) 2,672.4 2,420 (Telephone Number) Glenview Training: Training: Training: Hourly Wage OT Wage Rate Rate RJ Gravel Public Body Information 847-998-6100 Northfield Township High School District #225 62:09 66.81 60.5 (Street Address) Vacation: 1.25 Vacation: 1.25 Vacation: 1.25 (Public Body Name) Total OT Hours (Zipcode) 3801 W Lake Ave Ste 200 60026 Total Straight Time Hours (State) 40 40 40 Health/Welfare: 6.30 Health/Welfare: 2.49 Health/Welfare: 0 SAT (City) (Contact Name) **Des Plaines** 몺  $\infty$  $\infty$  $\infty$ (Telephone Number) Contractor and/or Subcontractor 뀼 Laura Miller  $\infty$  $\infty$ \* Hours worked each day TUE WED Pension: 2.20 Pension: 2.98 Pension: 2.97 847-824-2800  $\infty$  $\infty$  $\infty$ (Street Address)  $\infty$  $\infty$ 8 Hourly Fringe Benefit: (Company Name) Hourly Fringe Benefit: Hourly Fringe Benefit: MOM Anderson Lock Company (Zipcode)  $\infty$  $\infty$  $\infty$ SUN 850 E Oakton St M z 3 z z (State) Lock Tech / Communication Electrician Lock Tech / Communication Electrician Lock Tech / Communication Electrician Last Four of SSN & Telephone Number South & North High Schools & Off Campus Bldg Schaumburg, IL 60193 Des Plaines, IL 60018 (Project Location) (Project Number) (Contract Number) Worker Name, Address Yorkville, IL 60560 Vince Bagneschi -Wireless Access Control Aaron Parson -Labor Classification Labor Classification Labor Classification 847-824-2800 847-824-2800 847-824-2800 Chris Miller-

benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor showing start and end time each day.