

**JOB OPENING**

**Interpreter / Bilingual Aide**  
**(English-Ukrainian)**  
**East Leyden**

Date: August 22, 2025

<b><u>AVAILABLE</u></b>	Immediately
<b><u>SALARY</u></b>	\$19.56 / hour – Grade 4
<b><u>TERMS OF EMPLOYMENT</u></b>	10 Months. This is a union position.
<b><u>REQUIREMENT</u></b>	Must have a current ELS (Para) License or Professional Educator License Must speak, read, and write fluently in English and Ukrainian
<b><u>HOURS</u></b>	40 hours per week 7:00 a.m. – 3:30 p.m. (M-F)
<b><u>BENEFITS</u></b>	Insurance participation Paid holidays per union contract Paid sick leave days per union contract IMRF participation

See accompanying job description for details.

If you are interested, please complete an online application at [www.leyden212.org](http://www.leyden212.org).  
Internal candidates apply by submitting a letter of interest and an updated resume to  
Dr. Brian J. Mahoney, Assistant Superintendent of Human Resources.

All applications must be submitted prior to 4:00 p.m. on Friday, August 29, 2025.



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Brian Mahoney, Ed.D.  
Assistant Superintendent of Human Resources



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## Interpreter/Bilingual Aide (English-Ukrainian)

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<b>Assignment:</b>	<b>10-month IMRF</b>
<b>FLSA Status:</b>	<b>Not Exempt</b>
<b>Location:</b>	<b>East Leyden</b>
<b>Terms of Employment:</b>	<b>10-Month Year</b>
<b>Wages:</b>	<b>To be determined by the Board of Education</b>
<b>Evaluation:</b>	<b>Board policy on Evaluation of Educational Support Personnel</b>
<b>Reports to:</b>	<b>Director of Multilingual Services and Multilingual Services Department Chair</b>

### **Qualifications:**

- Must meet the current ELS (PARA) License or Professional Educator License.
- Must meet the state requirements as outlined by the Illinois State Board of Education for a Qualified Interpreter.
- Educational background commensurate with that of the students (as a minimum) and valid certifications as indicated above.
- Bilingual (English-Ukrainian) speaking and writing skills required.

### **Essential Job Functions:**

- Fluent in speaking, reading, and writing Ukrainian and English.
- Skilled in spoken translation and written materials accurately between English and Ukrainian.
- Effective tutoring skills; knowledge of math and science concepts preferred.
- Strong interpersonal skills; able to collaborate respectfully with students and staff.
- Able to identify and communicate student needs to the Director and Chairperson of Multilingual Services.
- Demonstrates maturity, interest, and commitment to supporting program students.

## Educate • Enrich • Empower | Students and Communities

- Experience in cross-cultural settings with the ability to relate to diverse student backgrounds.
- Proficient in Google applications and other relevant software programs or technologies.
- Reliable and punctual, with the ability to meet daily attendance requirements.
- Attentive to the safety and security of students, staff, and school property.
- Maintains confidentiality regarding all student and staff records, concerns, and disciplinary matters.

### **Performance Responsibilities**

- Provide written and oral translation and interpretation services for students, staff, and parents across the district, as needed.
- Tutor students in all subject areas individually or in small groups to support academic success.
- Support English language development by helping students expand their speaking and listening vocabulary throughout the school year.
- Assist students with understanding classroom directions and assignments in mainstream and MLL settings.
- Collaborate with teachers, the Director of Multilingual Services, and the Department Chair to assess student progress and communicate factors that may impact achievement.
- Maintain regular communication with parents/guardians regarding student progress in the program.
- Support students in transitioning into the program and accessing district resources and services.
- Assist with the preparation and translation of instructional materials and assessments. Aid in interpreting and verifying student transcripts in coordination with the Director, Department Chair, or school counselor.
- Answer and place phone calls as needed to support student services and communication.
- Support general program operations, including data collection, student evaluation, and administration of the Home Language Survey.
- Perform other duties as assigned by the Director of Multilingual Services, Department Chair, school administrator, or Educational Support Personnel Supervisor.

### **Physical Demands and Work Environment:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand, walk, sit, bend, write, type, speak, and listen. In addition, the employee may occasionally be required to bend, twist, reach and climb. Specific vision abilities required by this job include close,

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## Educate • Enrich • Empower | Students and Communities

peripheral and distant vision. Ability to work in an office environment, sitting, standing, light lifting, filing, operate office machines and computer, communicate with staff and others. Occasional lifting, otherwise non-demanding physical office activities.

The noise level in the work environment ranges from quiet/moderate to loud. The employee is frequently required to interact with the other staff. The employee is directly responsible for the safety and well-being of students.

The statements in this job description are intended to describe the general nature and level of the work to be performed by (an) individual(s) assigned to this position. They are not an exhaustive list of all duties and responsibilities related to the position. This job description will be reviewed periodically as duties and responsibilities change with business necessity and School Board Policy and procedures. Essential and marginal job functions are subject to modification.

*The information contained in this job description is for compliance with the American with Disabilities Act (A.D.A.) and is not an exhaustive list of the duties performed for this position. Additional duties are performed by the individuals currently holding this position and additional duties may be assigned.*

Reviewed and Agreed to by:

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Employee Signature

Date

Revised: 06/04/2025

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**LEYDEN**  
HIGH SCHOOL DISTRICT 212



# *Employee* **BENEFITS GUIDE**

July 1, 2025 - June 30, 2026

## INTRODUCTION & ELIGIBILITY

At Leyden High School District 212, we offer comprehensive and competitive benefits to eligible employees and their spouses/dependents, promoting happy and healthy lifestyles and a good work-life balance. Employees can enroll themselves and their spouses/dependents upon hire, during open enrollment, or after a qualifying life event.

This Employee Benefit Guide outlines D212's benefits, including enrollment details and tips for maximizing your experience. Our program features medical, dental, and voluntary vision plans; flexible spending accounts; life insurance for you and your dependents; and optional coverage like Accident and Critical Illness.

D212 provides a flexible benefits package that can be customized to fit your needs. Some benefits are shared in cost with employees, and many are paid pre-tax, reducing your payroll taxes.

After your initial eligibility period, you can only make changes during annual enrollment or after a qualifying event, such as marriage, death, birth, or adoption.

### Eligibility:

All full-time employees working at least 30 hours per week can participate in our benefits program. You may cover yourself and eligible dependents, including your spouse and dependent children. Non-military dependents can be covered until age 26, regardless of residence or student status. Dependents who have served in the U.S. Armed Forces can be covered until age 30, but must reside in Illinois.

## MEDICAL

Your medical insurance is through BlueCross BlueShield of Illinois (BCBS of IL).

Our PPO plan allows you to receive care from any in- or out-of-network doctor, specialist, or hospital without a referral. After meeting your deductible, coinsurance applies. Services that count toward your deductible include inpatient hospital stays, outpatient surgeries, labs, and x-rays. For doctor visits, specialist consultations, ER use, or prescription drugs, you'll pay a copay. While copays do not count toward your deductible, they do contribute to your overall out-of-pocket maximum.



## HEALTHCARE ACCOUNT (HCA)

D212 provides an HCA to all employees enrolled in the BCBS of IL Medical PPO Plan. Every July 1st, \$300 is deposited into the employees' HCA and these funds can be used to satisfy your deductible or out of pocket costs. Any unused funds will be rolled over to the following plan year.



## FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSAs) allow you to save money on a pre-tax basis for qualified medical and dependent care expenses.

**Medical FSA:** You can contribute up to \$3,300 (2025 limit) per year for qualified medical, dental, and vision expenses for yourself and eligible family members. Funds can cover expenses for tax dependents, even if they are not on your health plan. Eligible expenses include deductibles, copays, orthodontia, and more.

**Dependent Care FSA:** You can contribute up to \$5,000 per year for qualified dependent care expenses, with funds saved tax-free.

*Note that FSAs have a use-it-or-lose-it provision, so be cautious when deciding your contribution amount.*



## DENTAL

Dental PPO plans provide the flexibility to choose any dentist, in-network or out-of-network. Staying in-network helps extend your annual benefit maximum due to the contract with the insurance carrier. Coverage focuses on preventive and diagnostic procedures to avoid costly dental treatments.



## VOLUNTARY VISION

Voluntary vision insurance covers routine eye exams and contributes to the cost of prescription eyewear, such as glasses and contact lenses.

Using in-network providers maximizes your benefits, while out-of-network providers usually offer only an allowance for services.



## BASIC LIFE & VOLUNTARY LIFE AD&D

To support your family financially in the event of your death, D212 offers a basic term life benefit of \$20,000 for full-time 10-month staff and \$25,000 for full-time 12-month staff at no cost to you. If you need additional coverage, supplemental voluntary life Insurance is also available.



## ACCIDENT & CRITICAL ILLNESS COVERAGE

Two voluntary programs provide a lump sum, tax-free cash benefit. If you or a covered family member suffers an accident, the payout depends on the type of injury and can be used as you wish. Critical Illness insurance is also available to help cover costs for serious illnesses like cancer, heart attack, or stroke. Both policies include a \$50 Wellness Benefit.



# MEDICAL & PRESCRIPTION DRUG BENEFITS



BlueCross BlueShield  
of Illinois

PPO PLAN	
In-Network Benefits	Out-of-Network Benefits
<b>Plan Deductible</b>	
Individual: \$300	
Family: \$700	
<b>HCA (Healthcare Account)</b>	
\$300 (deposited every July 1st)	
<b>Coinsurance</b>	
You Pay 0%; Plan 100% or You Pay 20%; Plan 80%	You Pay 20%; Plan 80% or You Pay 30%; Plan 70%
<b>Out-of-Pocket Maximum</b>	
Individual: \$400 Family: \$1,100	Individual: \$2,400 Family: \$7,100
<b>Preventative Care</b>	
<i>Includes annual physical exam, child immunizations and routine diagnostic tests</i>	
100%; deductible waived	80% after deductible
<b>Doctors Office Visit</b>	
Physician/Specialist: 80% after deductible	Physician/Specialist: 70% after deductible
<b>Diagnostic &amp; Imaging</b>	
<i>Coverage for x-rays, blood work, CT/PET scans, MRI; coinsurance may vary if rendered in an outpatient hospital setting.</i>	
100% after deductible	80% after deductible
<b>Inpatient Hospital</b>	
100%; deductible waived	80%; deductible waived
<b>Emergency Room</b>	
\$150 copay/visit; then 100%, deductible waived (Copay waived if admitted)	
<b>Urgent Care</b>	
100%; deductible waived	80%; deductible waived
<b>Prescription Drugs</b>	
(Managed through CVS Caremark; Not BCBS of IL)	
<b>Separate Rx Copay &amp; Out of Pocket Maximum</b>	
Individual: \$750	N/A
Family: \$2,250	N/A
<b>Retail</b>	
100% after copay	Plan pay 75% after copay
Generic: \$5 / Formulary: \$20	Generic: \$5 / Formulary: \$20
Non-formulary: \$40 / Specialty: \$150	Non-formulary: \$40 / Specialty: \$150
<b>Mail Order</b>	
2x Retail	Not Covered

Sign in & Explore	Important Phone Numbers
Website: <a href="http://www.bcbsil.com">www.bcbsil.com</a>	PPO Customer Service: 800.541.2767
BlueAccess for Members: <a href="http://www.bcbsil.com/member">www.bcbsil.com/member</a>	MDLive: 888.676.4204
BCBS Provide Finder: <a href="http://my.providerfinderonline.com">my.providerfinderonline.com</a>	CVS Customer Care: 866.526.9092
MDLive.com/bcbsil.com	
Prescriptions: Caremark.com	

This benefits guide provides an overview of the available benefits. For a more detailed description, please refer to the plan certificates. In the event of any discrepancies between this guide and the plan documents, the plan documents will take precedence in all cases.



Dental & Voluntary Vision Benefits are insured by: MetLife



#### Dental PPO Plan

In-Network	Out-of-Network
<b>Calendar Year Maximum</b>	
\$2,000 per person per benefit period	
<b>Calendar Year Deductible</b>	
Individual/Family: \$0	
<b>Preventative &amp; Diagnostic Care</b>	
<i>Oral Evaluations, x-rays, prophylaxis, sealants, space maintainers</i>	
Covered at 80%	80% of Reasonable & Customary Fee
<b>Basic</b>	
<i>Fillings, oral surgery, endodontics, periodontics, local anesthesia</i>	
Covered at 80%	80% of Reasonable & Customary Fee
<b>Major</b>	
<i>Inlays, onlays and crowns, implants, prosthetics</i>	
Covered at 80%	80% of Reasonable & Customary Fee
<b>Orthodontia Plan Maximum</b>	
\$800 per dependent child	
<b>Orthodontia</b>	
<i>Covered up to dependent age 19</i>	
Covered at 50%; to plan max of \$800	Covered at 50% of Reasonable & Customary Fee; to a plan max of \$800

#### Voluntary Vision

In-Network Benefits
<b>Benefit Amount</b>
\$10 copay on exams
\$25 copay on material
<b>Benefits</b>
Exams every 12 months
Lenses every 12 months
Frames every 24 months
Out-of-Network Benefits based on Reimbursement Schedule

Flexible Spending Account & Dependent Care Accounts are administered by:  
Flexible Benefit Service, LLC.



#### Flexible Spending / Dependent Care

Maximum Annual Contributions
Flexible Spending Account (FSA)
\$3,300
Dependent Care Account
\$5,000

Basic Life, Voluntary Supplemental Life AD&D, Voluntary Accident and Voluntary Critical Illness are insured by:  
BlueCross BlueShield of Illinois



#### Basic Life

100% Employer Paid / Full-Time Employees - 12 Month Staff
\$25,000
100% Employer Paid / Full-Time Employees - 10 Month Staff
\$20,000

#### Voluntary Supplemental Employee and Dependent Life AD&D

100% Voluntary
Employee: \$10,000 increments up to \$500,000 / \$150,000 Guarantee Issue*
Spouse: \$5,000 increments up to \$50,000 / \$20,000 Guarantee Issue*
Child(ren): \$5,000 / \$5,000 Guarantee Issue*

\*Guarantee Issue applies to new hires only.

#### Voluntary Accident Insurance\*

Provides a cash benefit for injuries from an accident
Emergency Room: \$150
Urgent Care Center: \$150
Hospital Admission: \$1,200

#### Voluntary Critical Illness\*

Lump-sum case benefit upon diagnosis
Employee: \$10,000 or \$20,000
Spouse: \$5,000 or \$10,000
Child(ren): \$2,500 or \$10,000

\*See policy for additional benefits, policy conditions, and limitations.

#### Important Phone Numbers & Websites

MetLife: 800.275.4638 / <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
BCBS - Life Claims: 800.778.2282 / <a href="http://www.bcbsil.com/ancillary">www.bcbsil.com/ancillary</a>
BCBS - Accident or CI: 800.367.6401 / <a href="http://www.bcbsil.com/ancillary">www.bcbsil.com/ancillary</a>
Flex: 866.472.5351 / <a href="http://www.flexaccount.com">www.flexaccount.com</a>

#### Payroll Deductions

	Total Annual Cost		
	Medical	Dental	Vision
Single:	\$2,396.76	\$118.99	\$103.32
Family	\$6,231.60	\$305.20	\$242.64

Supplemental Employee and Dependent Life AD&D rates, Voluntary Accident and Voluntary Critical Illness rates will be calculated based on your demographics when enrolling in Employee Navigator for your benefits.