

2- step BACKGROUND CHECK process & new hire requirements

(You will need a **debit or credit card** for your background fee. The background check must be **completed on a computer**. Tablets and phones will not show you everything that is required and you will not move forward in the process)

Follow the link <https://whitko.org/>

- Click the tab for “Employment Opportunities”, scroll to the bottom of the page
- Click “Complete a Background Check”
- Read the instructions entirely then click “complete a background check” below the second paragraph.
- You will be directed to the “Safe Hiring Solutions”
- Complete the required fields. This will initiate the background.

Part ONE (Safe Hiring Criminal Background Check): You will receive 2 emails from support@safehiringsolutions.com check your spam/junk folder if you don't see an email.

1st email subject line will read,

WHITKO COMMUNITY SCHOOLS CORP background check

Please read the instructions carefully, you will find a *LINK* and USERNAME.

2nd email will receive a second email that will contain your password for the Safe Hiring Criminal Background check.

Part TWO (Department of Child Services or DCS): This invitation will expire in 20 days. Once you have completed the Safe Hire Criminal Background check, you will receive 2 emails from KidsTraks@dcs.in.gov . Again, check your junk/spam folder if you don't see an email.

1st email subject line will read, Time Sensitive - Indiana DCS/CPI/CPS Request initiated -

Please read the instructions carefully, you will find a *LINK* for CPI/CPS.

The 2nd email subject line will read, Time Sensitive - Indiana DCS/CPI/CPS Request Portal Password - as stated in the subject line, this email will contain your password for DCS.

You will receive notification when your background is completed. The Central Office will receive the completed background report for your file. **We will also need you to return the NEW HIRE PAPERWORK** to the Central Office along with a VALID driver's license or state ID and a birth certificate or social security card. The last item that is required is a voided check or a letter from your banking institution with your direct deposit information, this is in addition to you signing the direct deposit form. We **CANNOT** enter your information into payroll without these items. Please let us know if you have any questions or concerns about this process

Respectfully,

HR/Payroll

Whitko Community Schools



TO: Prospective Employees
FROM: Whitko School Board
SUBJECT: Waiver for Temporary Employment Status
Pending Board Approval

Please be informed that all pre-employment documentation, including the Expanded Criminal History Investigation, Verification of Indiana Certification, and/or Physical Examination and Drug Screen (if required) must be satisfactorily completed before a contract with Whitko Community School Corporation or approval by the Board of School Trustees will be recommended.

In situations involving instructional continuity for students, emergency or other circumstances in the best interest of the school district, a prospective employee may be placed in a teaching position or work assignment on a temporary basis until all documentation is completed and employment is approved by the Whitko Board of School Trustees. Employees who begin work on a temporary basis will be compensated as described below:

- Prospective Certified Employees – compensation will be based on the respective contracted daily rate per the established salary schedule.
- Prospective Non-Certified Employees – compensation will be based upon the appropriate hourly/salaried daily rate including probationary status for the respective work assignment.

After successful completion of all pre-employment requirements, employment will be recommended to the Whitko Board of School Trustees for approval. In the event that pre-employment requirements are not completed within a reasonable time, the temporary work assignment for the prospective employee may be discontinued, the prospective employee compensated for the work hours/days completed, and the offer of employment with Whitko Community School Corporation withdrawn. Failure to satisfactorily complete all pre-employment requirements in a timely manner will negate all offers of employment with Whitko Community School Corporation.

As a prospective employee of Whitko Community School Corporation, I have read the above and understand that employment with Whitko Community School Corporation is contingent upon successful completion of all pre-employment requirements including the Expanded Criminal History Investigation, Verification of Indiana Certification, and /or Physical Examination and Drug Screen (if required). Also, I understand and agree to the temporary employment provisions as described above.

Date _____

OFFICE USE ONLY

Emergency Start Date _____

Projected Board Approval Date _____

Updated: May 23, 2018

RESPONSIBILITY TO NOTIFY SCHOOL BOARD OF CRIMINAL OFFENSE(S)

Please be informed that effective July 1, 1997, Indiana Code 20-5-2-8, Paragraph 2 © requires: "an individual employed by a school corporation...shall notify the governing body of the school corporation if during the course of the individual's employment the individual is convicted in Indiana or another jurisdiction of an offense described below".

Please sign and return to Whitko Central Office

As an employee of the Whitko Community Schools, I affirm that I understand, per Indiana Code 20-5-2-8, my duty to notify Whitko Community Schools Corporation if during the course of my employment I am convicted in Indiana or another jurisdiction of:

1. Murder (IC 35-42-1-1)
2. Causing suicide (IC 35-42-1-2)
3. Assisting suicide (IC 35-42-1-2.5)
4. Voluntary manslaughter (IC 35-42-1-3)
5. Reckless homicide (IC 35-42-1-5)
6. Battery (IC 35-42-2-1) unless 10 years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later.
7. Aggravated battery (IC 35-42-2-1.5)
8. Kidnapping (IC 35-42-3-2)
9. Criminal confinement (IC 35-42-3-3)
10. A sex offense under IC 35-42-4
11. Carjacking (IC 35-42-5-2)
12. Arson (IC 35-43-1-1) unless 10 years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later.
13. Incest (IC 35-46-1-3)
14. Neglect of a dependent (IC 35-46-1-4(a)(1) and IC 35-46-1-4(a)(2)) unless 10 years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later
15. Child selling (IC 35-46-1-4(b))
16. Contributing to the delinquency of a minor (IC 35-46-1-8) unless 10 years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later.
17. An offense involving a weapon under IC 35-47 unless 10 years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later
18. An offense related to controlled substance under IC 35-48-4 unless 10 years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later
19. An offense relating to material or a performance that is harmful to minors or obscene under IC 35-49-3 unless 10 years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later
20. An offense relating to operating a motor vehicle while intoxicated under IC 9-30-5 unless 5 years have elapsed from the date the individual was discharged from probation, imprisonment, or parole, whichever is later
21. An offense that is substantially equivalent to any of the offenses listed in this subsection in which the judgment of conviction was entered under the law of any other jurisdiction

Date

Signature

WHITKO COMMUNITY SCHOOL CORPORATION

CERTIFICATION REGARDING DRUG-FREE/ALCOHOL-FREE/SMOKE-FREE SCHOOL

THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSING, POSSESSION OR USE OF A CONTROLLED SUBSTANCE/ALCOHOL AND SMOKING IS PROHIBITED IN WHITKO COMMUNITY SCHOOL CORPORATION.

EMPLOYEES WHO HAVE BEEN CONVICTED OF CRIMINAL DRUG STATUTE VIOLATIONS OCCURRING IN A WORKPLACE MUST NOTIFY THE SUPERINTENDENT OF THE CONVICTION NO LATER THAN FIVE (5) CALENDAR DAYS OF THE CONVICTION.

THE SCHOOL CORPORATION WILL TAKE APPROPRIATE PERSONNEL ACTION AGAINST SUCH AN EMPLOYEE, UP TO AND INCLUDING TERMINATION; OR REQUIRING SUCH EMPLOYEE TO PARTICIPATE SATISFACTORILY IN A DRUG ABUSE ASSISTANCE OR REHABILITATION PROGRAM APPROVED FOR SUCH PURPOSES BY A FEDERAL, STATE, OR LOCAL HEALTH, LAW ENFORCEMENT, OR OTHER APPROPRIATE AGENCY.

-EMPLOYEE'S COPY-

***** **TEAR HERE** *****

WHITKO COMMUNITY SCHOOL CORPORATION

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THE SCHOOL CORPORATION WILL TAKE APPROPRIATE PERSONNEL ACTION AGAINST SUCH AN EMPLOYEE, UP TO AND INCLUDING TERMINATION; OR REQUIRING SUCH EMPLOYEE TO PARTICIPATE SATISFACTORILY IN A DRUG ABUSE ASSISTANCE OR REHABILITATION PROGRAM APPROVED FOR SUCH PURPOSES BY A FEDERAL, STATE, OR LOCAL HEALTH, LAW ENFORCEMENT, OR OTHER APPROPRIATE AGENCY.

DATE

SIGNATURE

-RETURN THIS PORTION TO CENTRAL OFFICE-

**WHITKO COMMUNITY SCHOOL CORPORATION
WORKER'S COMPENSATION GUIDELINES**

Whitko Community School Corporation, through Worker's Compensation Insurance, provides employees injured by accident or occupational disease, arising out of and in the course of their employment, with necessary medical treatment for such injury or disease. Whitko Community School Corporation has the responsibility to, and does, comply with the laws and rules of the Worker's Compensation Board of Indiana. Employees have certain responsibilities as well. Employees not complying with the following specific guidelines can jeopardize their right to receive benefits under the Indiana Worker's Compensation Law.

PROCEDURES FOR THE TREATMENT

All work related injuries/illnesses, no matter how small, must be reported immediately to the building principal/supervisor. If the principal/supervisor is not on duty at the time of the accident, the Central Office should be contacted. For all work related injuries/illnesses, the Indiana Worker's Compensation Accident Form must be submitted to the Whitko Central Office within 24 hours of the accident or the next business day. Copies will be sent to our Insurance Agent and presented to our Worker's Compensation insurer in compliance with the law.

When an accident occurs, the injured employee should be referred to the school nurse, if available, for medical evaluation/treatment. The school nurse will evaluate the person's injuries and provide immediate medical treatment as necessary. Either the school nurse, principal/supervisor or Central Office staff may refer the employee to Occupational Health Services for additional medical treatment.

Occupational Health Services
1270 E. State Road 205, Suite 040
Columbia City, IN 46725
Phone: (260) 248-9490
Fax: (260) 248-9496
Monday – Friday 8:00 a.m – 5:00 p.m.

After hours, the employee should report to the admitting desk at the Parkview Whitley Hospitals in Columbia City to be seen/or treated in the emergency room.

In the event of a serious or life threatening injury, the employee should be directed or taken to the nearest available medical facility for immediate treatment.

A "Medical Authorization Form" must be completed and signed by the principal/supervisor, school nurse, or Central Office staff, and taken by the employee or faxed to Occupational Health Services (or Parkview Whitley Hospital fax (260) 248-9135 after hours) to authorize treatment.

Follow-up referrals will be based upon medical need, complexity, and the proximity of the injured employee's place of residence to the medical provider. The injured employee should contact the Whitko Central Office for clarification regarding questions about diagnosis and/or treatment.

The law places responsibility on the employer to provide the physician and any other medical care. Some emergency treatment physicians or providers are not familiar with the employer's right and duty to designate the treating physician or other medical provider, and therefore, may inappropriately advise employees to go to their family physician or take time off work. **If a Whitko employee goes to a family physician or any other physician or medical provider without written authorization of the Whitko Community Schools, and does not follow the procedures outlined herein, all expenses incurred will be the employee's responsibility and not the responsibility of Whitko Community School.**

I have been informed of the worker's compensation guidelines and have received a copy of said guidelines for Whitko Community School Corporation.

Signature _____

Date _____

VERIFICATION OF ELIGIBILITY FOR STATE OR LOCAL PUBLIC BENEFIT
REQUIRED BY INDIANA CODE 12-32-1

Eligibility for Public Benefits

- This section is not required by federal law; however, as required by Indiana Code 12-32-1, this section must be completed by all
- **applicants who are 18 years of age and older.**
- I verify, under the penalty of perjury, that I am:
 - _____ 1) a United States citizen; or
 - _____ 2) a Qualified Alien (as defined under 8 U.S.C. 1641).
- A person, who knowingly or intentionally makes a false, fictitious, or fraudulent statement or representation in the verification about commits a Class D felony pursuant to Indiana Code 12-32-7.

Printed Name of Adult Applicant

Signature of Adult Applicant

Dated this _____ day of _____, 20_____.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)
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Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code
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Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number
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I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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Signature of Employee	Today's Date (mm/dd/yyyy)
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If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Document Title 2 (if any)	Additional Information
Issuing Authority	
Document Number (if any)	
Expiration Date (if any)	
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
Issuing Authority	
Document Number (if any)	
Expiration Date (if any)	

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.	First Day of Employment (mm/dd/yyyy):
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Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Employer's Business or Organization Name Whitko Community Schools Corporation	Employer's Business or Organization Address, City or Town, State, ZIP Code 710 N SR 5, Larwill, IN 46764
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For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information



Instructions for Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

Anti-Discrimination Notice: Employers must allow all employees to choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information entered in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or **Supplement B, Reverification and Rehire**. Employees do NOT need to prove their citizenship, immigration status, or national origin when establishing their employment authorization for Form I-9 or E-Verify. Requesting such proof or any specific document from employees based on their citizenship, immigration status, or national origin, may be illegal. Similarly, discriminating against employees in hiring, firing, recruitment, or referral for a fee, based on citizenship, immigration status, or national origin may be illegal. Employers should not reject acceptable documentation due to a future expiration date. For more information on how to avoid discrimination or how to report it, contact the Immigrant and Employee Rights Section in the Department of Justice's Civil Rights Division at www.justice.gov/ier.

Purpose of Form I-9

Employers and employees must complete their respective sections of Form I-9. The form is used to document verification of the identity and employment authorization of each new employee (both U.S. citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document the verification of the identity and employment authorization of each new employee (both U.S. citizen and noncitizen) hired after November 27, 2011.

Definitions

Employee: A person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term "employee" does not include individuals who do not receive any form of remuneration (e.g., volunteers), independent contractors, or those engaged in certain casual domestic employment.

Employer: A person or entity, including an agent or anyone acting directly or indirectly in the interest thereof, who engages the services or labor of an employee to be performed in the United States for wages or other remuneration. This includes recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Authorized Representative: Any person an employer designates to complete and sign Form I-9 on the employer's behalf. Employers are liable for any statutory and regulatory violations made in connection with the form or the verification process, including any violations committed by any individual designated to act on the employer's behalf.

Preparer and/or Translator: Any individual who helps the employee complete or translates **Section 1** for the employee.

General Instructions

Form I-9 consists of:

- **Section 1: Employee Information and Attestation**
- **Section 2: Employer Review and Verification**
- Lists of Acceptable Documents
- Supplement A, Preparer and/or Translator Certification for Section 1
- Supplement B, Reverification and Rehire (formerly Section 3)

EMPLOYEES

Employees must complete and sign **Section 1** of Form I-9 no later than the first day of employment (i.e., the date the employee begins performing labor or services in the United States in return for wages or other remuneration). Employees may complete **Section 1** before the first day of employment, but cannot complete the form before acceptance of an offer of employment.

EMPLOYERS

Employers in the United States, except Puerto Rico, must complete the English-language version of Form I-9. Only employers located in Puerto Rico may complete the Spanish-language version of Form I-9 instead of the English-language version. Any employer may use the Spanish-language form and instructions as a translation tool.

All employers must:

- Make the instructions for Form I-9 and Lists of Acceptable Documents available to the employee when completing the Form I-9 and when requesting that the employee present documentation to complete Supplement B, Reverification and Rehire. See page 5 for more information.
- Ensure that the employee completes **Section 1**.
- Complete **Section 2** within three business days after the employee's first day of employment. If you hire an individual for less than three business days, complete **Section 2** no later than the first day of employment.
- Complete Supplement B, Reverification and Rehire when applicable.
- Leave a field blank if it does not apply and allow employees to leave fields blank in **Section 1**, where appropriate.
- Retain completed forms. You are not required to retain or store the page(s) containing the Lists of Acceptable Documents or the instructions for Form I-9. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Additional guidance about how to complete Form I-9 may be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) and on [I-9 Central](#).

Section 1: Employee Information and Attestation

Step 1: Employee completes Section 1 no later than the first day of employment.

- All employees must provide their current legal name, complete address, and date of birth. If other fields do not apply, leave them blank.
- When completing the name fields, enter your current legal name and any last names you previously used, including any hyphens or punctuation. If you only have one name, enter it in the Last Name field and then enter "Unknown" in the First Name field.
- Providing your 9-digit Social Security number in the Social Security number field is voluntary, unless your employer participates in E-Verify. See page 5 for instructions related to E-Verify. Do not enter an Individual Taxpayer Identification Number (ITIN) as your Social Security number.

Step 2: Attest to your citizenship or immigration status.

You must select one box to attest to your citizenship or immigration status.

1. **A citizen of the United States.**
2. **A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant.

Conditional residents should select this status. Asylees and refugees should NOT select this status; they should instead select "A noncitizen authorized to work." If you select "lawful permanent resident," enter your 7- to 9-digit USCIS Number (A-Number) in the space provided.

-
- 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work:** An individual who has authorization to work but is not a U.S. citizen, noncitizen national, or lawful permanent resident.

If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the documentation evidencing your employment authorization. If your employment authorization documentation has been automatically extended by the issuing authority, enter the expiration date of the automatic extension in this space.

- Refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other noncitizens authorized to work whose employment authorization does not have an expiration date, should enter N/A in the Expiration Date field.

Employees who select "a noncitizen authorized to work" must enter **one** of the following to complete **Section 1**:

- (1) **USCIS Number/A-Number** (7 to 9 digits);
- (2) **Form I-94 Admission Number** (11 digits); or
- (3) **Foreign Passport Number and the Country of Issuance**

Your employer may not ask for documentation to verify the information you entered in **Section 1**.

Step 3: Sign and enter the date you signed Section 1. Do NOT back-date this field.

Step 4: Preparer and/or translator completes a Preparer and/or Translator Certification, if applicable.

If a preparer and/or translator assists an employee in completing Section 1, that person must complete a Certification area on Supplement A, Preparer and/or Translator Certification for Section 1, located on Page 3 of Form I-9. There is no limit to the number of preparers and/or translators an employee may use. Each preparer and/or translator must complete and sign a separate Certification area. Employers must ensure that they retain any additional pages with the employee's completed Form I-9. If the employee does not use a preparer or translator, employers are not required to provide or retain Supplement A.

Step 5: Present Form I-9 Documentation

Within three business days after your first day of employment, you, the employee, must present to your employer original, acceptable, and unexpired documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before the Thursday of that week. However, if you were hired to work for less than three business days, you must present documentation no later than the first day of employment.

Choose which documentation to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which documentation you may present from the Lists of Acceptable Documents. You may present either: 1.) one selection from List A or 2.) a combination of one selection from List B and one selection from List C. In certain cases, you may also present an acceptable receipt for List A, B, or C documents. For more information on receipts, refer to the M-274.

- List A documentations show both identity and employment authorization. Some documentation must be presented together to be considered acceptable List A documentation. If you present acceptable List A documentation, you should not be asked to present List B and List C documentation.
- List B documentation shows identity only and List C documentation shows employment authorization only. If you present acceptable List B and List C documentation, you should not be asked to present List A documentation. Guidance is available in the M-274 if you are under the age of 18 or have a disability (special placement) and cannot provide List B documentation.

Your employer must physically examine the documentation you present to complete Form I-9, or examine them consistent with an alternative procedure authorized by the Secretary of DHS. If your documentation reasonably appears to be genuine and to relate to you, your employer must accept the documentation. If your documentation does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documentation. Your employer may choose to make copies of your documentation, but must return the original(s) to you. Your employer may not ask for documentation to verify the information you entered in **Section 1**.

Section 2: Employer Review and Verification

Before completing **Section 2**, you, the employer, should review **Section 1**. If you find any errors or missing information in **Section 1**, the employee must correct the error, and then initial and date the correction.

You may designate an authorized representative to act on your behalf to complete **Section 2**.

You or your authorized representative must complete **Section 2** by physically examining evidence of the employee's identity and employment authorization within three business days after the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete **Section 2** on or before the Thursday of that week. However, if the individual will work for less than three business days, **Section 2** must be completed no later than the first day of employment.

Step 1: Enter information from the documentation the employee presents.

You, the employer or authorized representative, must either physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, the original, acceptable, and unexpired documentation the employee presents from the Lists of Acceptable Documents to complete the applicable document fields in **Section 2**. You cannot specify which documentation an employee may present from these Lists of Acceptable Documents. A document is acceptable if it reasonably appears to be genuine and to relate to the person presenting it. Photocopies, except for certified copies of birth certificates, are not acceptable for Form I-9. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

You may use common abbreviations for states, document titles, or issuing authorities, such as: "DL" for driver's license, and "SSA" for Social Security Administration. Refer to the M-274 for abbreviation suggestions.

List A documentation shows both identity and employment authorization.

- Enter the required information from the List A documentation in the first set of document entry fields in the List A column. Some List A documentation consists of a combination of documents that must be presented together to be considered acceptable List A documentation. If the employee presents a combination of documents for List A, use the second and third sets of document entry fields in the List A column. Use the Additional Information space, as necessary, for additional documents. When entering document information in this space, ensure you record all available document information, such as the document title, issuing authority, document number and expiration date.
- If an employee presents acceptable List A documentation, do not ask the employee to present List B and List C documentation.

List B documentation shows identity only, and List C documentation shows employment authorization only.

- If an employee presents acceptable List B and List C documentation, enter the required information from the documentation under each corresponding column and do not ask the employee to present List A documentation.
- If an employee under the age of 18 or with disabilities (special placement) cannot provide List B documentation, see the M-274 for guidance.

In certain cases, the employee may present an acceptable receipt for List A, B, or C documentation. For more information on receipts, refer to the Lists of Acceptable Documents and the M-274.

Photocopies

- You may make photocopies of the documentation examined but must return the original documentation to the employee.
- You must retain any photocopies you make with Form I-9 in case of an inspection by DHS, the Department of Labor, or the Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section.

Step 2: Enter additional information, if necessary.

Use the Additional Information field to record any additional information required to complete **Section 2**, or any updates that are necessary once **Section 2** is complete. Initial and date each additional notation. See the M-274 for more information. Such notations include, but are not limited to:

- Those required by DHS, such as extensions of employment authorization or a document's expiration date.
- Replacement document information if a receipt was previously presented.
- Additional documentation that may be presented by certain nonimmigrant employees.

You may also enter optional information, such as termination dates, form retention dates, and E-Verify case numbers, if applicable.

Step 3: Select the box in the Additional Information area if you used an alternate procedure for document examination authorized by the Secretary of DHS.

You must select this box if you used an alternative procedure authorized by DHS to examine the documents. You may refer to the M-274 for guidance on implementing alternative procedures for document examination approved by the Secretary of DHS.

Step 4: Complete the employer certification.

Employers or their authorized representatives, if applicable, must complete all applicable fields in this area, and sign and date where indicated.

Reverification and Rehire

To reverify an employee's work authorization or document an employee's rehire, use Supplement B, Reverification and Rehire (formerly Section 3). Employers need only complete and retain the supplement page when employment authorization reverification is required. Employers may choose to document a rehire on the supplement as well. Enter the employee's name at the top of each supplement page you use. In the New Name field, record any change the employee reports at the time of reverification or rehire. Use a new section of the supplement for each instance of a reverification or rehire, sign and date that section when completed, and attach it to the employee's completed Form I-9. Use additional supplement pages as necessary. Use the Additional Information fields if the employee's documentation presented for reverification requires future updates.

Reverifications

When reverification is required, you must reverify the employee by the earlier of the employment authorization expiration date stated in Section 1 (if any), or the expiration date of the List A or List C employment authorization documentation recorded in Section 2. Employers should complete any subsequent reverifications, if required, by the expiration date of the List A or List C documentation entered during the employee's most recent reverification.

For reverification, employees must present acceptable documentation from either List A or List C showing their continuing authorization to work in the United States. You must allow employees to choose which acceptable documentation to present for reverification. Employees are not required to show the same type of document they presented previously. Enter the documentation information in the appropriate fields provided.

You should not reverify the employment authorization of U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551) or other employment authorization documentation that is not subject to reverification (such as an unrestricted Social Security card).

Reverification does not apply to List B documentation. Reverification may not apply to certain noncitizens. See the M-274 for more information about when reverification may not be required.

Rehires

If you rehire an employee within three years from the date the employee's Form I-9 was first completed, you may complete the supplement and attach it to the employee's previously completed Form I-9. If the employee remains employment-authorized, as indicated on the previously completed Form I-9, record the date of rehire and any name changes. If the employee's employment authorization or List A or C documents have expired, you must reverify the employee as described above.

Alternatively, you may complete a new Form I-9 for rehired employees. You must complete a new Form I-9 for any employee you rehired more than three years after you originally completed a Form I-9 for that employee.

Employee and Employer Instructions Related E-Verify

E-Verify uses Form I-9 information to confirm employees' employment eligibility. For more information, go to www.e-verify.gov or contact us at www.e-verify.gov/contact-us.

For employees of employers who participate in E-Verify:

- You must provide your Social Security number in the Social Security number field in **Section 1**.
 - If you have applied for, but have not yet received, your Social Security number, you should leave the field blank until you receive the number. Update this field once you receive it, and initial and date the notation.
 - If you can present acceptable identity and employment authorization documentation to complete Form I-9, you may begin working while waiting to receive your Social Security number.
- Providing your email address and telephone number in **Section 1** will allow you to receive notifications associated with your E-Verify case.
- If you present a List B document to your employer, it must contain a photograph.

For E-Verify employers:

- Ensure employees enter their Social Security number in **Section 1**.
- You must only accept List B documentation that contains a photograph. This applies to individuals under the age of 18 and individuals with disabilities.
- You must retain photocopies of certain documentation.

What is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any other government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the “DHS Privacy Notice” below.

USCIS Forms and Information

Employers may photocopy or print blank Forms I-9. To ensure you are using the latest version of this form and corresponding instructions, visit the USCIS website at www.uscis.gov/i-9. You may order paper forms at www.uscis.gov/forms/forms-by-mail or by contacting the USCIS Contact Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

For additional guidance about Form I-9, employers and employees should refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) or USCIS' Form I-9 website at www.uscis.gov/i-9-central.

You can obtain information about Form I-9 by e-mailing USCIS at I-9Central@uscis.dhs.gov. Employers may call 1-888-464-4218 or 1-877-875-6028 (TTY). Employees may call the USCIS employee hotline at 1-888-897-7781 or 1-877-875-6028 (TTY).

Retaining Completed Forms I-9

An employer must retain Form I-9, including any supplement pages, on which the employee and employer (or authorized representative) entered data, as well as any photocopies made of the documentation the employee presented, for as long as the employee works for the employer. When employment ends, the employer must retain the individual's Form I-9 and all attachments for one year from the date employment ends, or three years after the first day of employment, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is three years after the first day of employment.

Completed Forms I-9 and all accompanying documents should be stored in a safe and secure location. Employers should ensure that the information employees provide on Form I-9 is used only as stated in the DHS Privacy Notice below.

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR section 274a.2. Employers creating, modifying, or storing Form I-9 electronically are encouraged to review these and any other relevant standards for electronic signature, and the indexing, security, and documentation of electronic Form I-9 data.

Penalties

Employers may be subject to penalties if Form I-9 is not properly completed or for employment discrimination occurring during the employment eligibility verification process. See 8 U.S.C. section 1324a and section 1324b, 8 CFR section 274a.10 and 28 CFR Part 44. Individuals may also be prosecuted for knowingly and willfully entering false information, or for presenting fraudulent documentation, to complete Form I-9.

Employees: By signing **Section 1** of this form, employees attest under penalty of perjury (28 U.S.C. section 1746) that the information they provided, along with the citizenship or immigration status they select, and all information and documentation they provide to their employer, is true and correct, and they are aware that they may face penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties or removal proceedings, and may adversely affect an employee's ability to seek future immigration benefits.

Employers: By signing **Sections 2** and **3**, as applicable, employers attest under penalty of perjury (28 U.S.C. section 1746) that they have physically examined the documentation presented by the employee, that the documentation reasonably appears to be genuine and to relate to the employee named, that to the best of their knowledge the employee is authorized to work in the United States, that the information they enter in **Section 2** is complete, true, and correct to the best of their knowledge, and that they are aware that they may face civil or criminal penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing Form I-9.

DHS Privacy Notice

AUTHORITIES: The information requested on this form, and the associated documents, are collected under the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

PURPOSE: The primary purpose for providing the requested information on this form is for employers to verify the identity and employment authorization of their employees. Consistent with the requirements of the Immigration Reform and Control Act of 1986, employers use the Form I-9 to document the verification of the identity and employment authorization for new employees to prevent the unlawful hiring, or recruiting or referring for a fee, of individuals who are not authorized to work in the United States. This form is completed by both the employer and the employee and is ultimately retained by the employer.

DISCLOSURE: The information employees provide is voluntary. However, failure to provide the requested information, and acceptable documentation evidencing identity and authorization to work in the United States, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 34 minutes per response, when completing the form manually, and 25 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop Number 2140, Camp Springs, MD 20588-0009; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



Mr. Timothy Pivarnik — Superintendent

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Name: _____ **Position:** _____

Physical

Address: _____

City, State Zip: _____

Phone: _____

Cell: _____

Mailing

Address: _____

City, State Zip: _____

Date of Birth: _____

Emergency

Contact: _____

Address: _____

City, State Zip: _____

Phone: _____

I have been notified where to locate the handbook and I am aware of the changes to the 2023-24 Handbook.

Signature **X** _____

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$	
	Multiply the number of other dependents by \$500	\$	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here		3 \$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Whitko Community School Corporation 710 N SR 5 Larwill, IN 46764		

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.
c Add the amounts from lines 2a and 2b and enter the result on line 2c.
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income.
2 Enter: \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately.
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-".
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information.
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



Form WH-4
State Form 48845
(R10 / 8-23)

State of Indiana
Employee's Withholding Exemption and County Status Certificate
This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ ZIP Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

Check this box if the changes to the counties are effective for the next calendar year. (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" _____
Nonresident aliens must skip lines 2 through 8. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" _____

3. You are allowed one (1) exemption for each dependent. Enter number claimed: _____

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
(b) if you and/or your spouse are legally blind.
Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind

Enter the total number of boxes checked: _____

5. Add lines 1, 2, 3, and 4. Enter the total here:

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions)

7. You are entitled to claim an additional exemption for each qualifying dependent claimed for the first time (see instructions)

8. You are entitled to claim an additional exemption for each adopted qualifying dependent (see instructions)

9. Enter the amount of additional state withholding (if any) you want withheld each pay period \$

10. Enter the amount of additional county withholding (if any) you want withheld each pay period \$

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____ Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter "not applicable" on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar year. Please check the box if you are requesting a change to a county of residence or work for the next calendar year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 9. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 8.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$4,400 gross income during the tax year (unless the person is your child and either (1) is under age 19 or (2) is under age 24 and a full-time student at a qualified educational institution during at least 5 months of the tax year).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter, foster child, and/or child for whom you are a legal guardian. The dependent must be under age 19 or must be both under age 24 and a full-time student at a qualified educational institution during at least 5 months of the taxable year.

Line 7 - First-time Claimed Additional Exemption. If an additional dependent exemption on Line 6 is being claimed for one or more children for the first time, enter the number of children for whom you are claiming. This exemption is good only for the calendar year in which the WH-4 claiming the exemption is submitted. If you claim this in multiple tax years, you MUST submit a new WH-4 each year for which this exemption is claimed. Do not claim this exemption if the child was eligible for the additional dependent exemption in any previous year, regardless of whether the exemption was claimed. This includes instances where the child was eligible for the additional dependent exemption before 2023. This also includes instances where the child was eligible to be claimed for the additional dependent exemption by another individual.

Line 8 - Additional Adopted Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on lines 3 and 6 and have been adopted by you or your spouse. The dependent child must be a son, stepson, daughter, or stepdaughter. The dependent must be under age 19 or must be both under age 24 and a full-time student at a qualified educational institution during at least 5 months of the taxable year.

Lines 9 & 10 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **Increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) a dependent no longer qualifies for an additional dependent or an adopted dependent exemption.

Penalties are imposed for willfully supplying false information or information which would reduce the withholding exemption.



Authorization Agreement for Direct Deposit (ACH Credits)

Company Name: Whitko Community School Corporation Company ID Number: 024

I hereby authorize Whitko Community School Corporation, hereinafter called COMPANY, to initiate credit entries to my checking or savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to each account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

NET DEPOSIT (Primary / Majority Deposit)

- New
- Change
- Remove

Depository Name:

City: State:

Routing Number: Account Number:

Deposit to: Checking
 Savings

DEDUCTION (Secondary Deposit Account - ex. Savings or HSA)

- New
- Change
- Remove

Amount of Deposit \$ **OR** % to Deposit

Depository Name:

City: State:

Routing Number: Account Number:

Deposit to: Checking
 Savings

This Authorization is to remain in full for and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Date: Name: (printed)

Signature: _____

For Office Use Only Date Received: Payroll Effective Date: Initial

PLEASE ATTACH VOIDED CHECK TO THIS AUTHORIZATION WHEN SETTING UP A NEW ACCOUNT



EAP

EMPLOYEE ASSISTANCE PROGRAM

Understanding Your Employee Assistance Program (EAP)

Your EAP is a benefit provided by your employer. It provides four (4) prepaid sessions of EAP counseling at the Bowen Center. All employees are covered.

Coverage for You & Eligible Family Members

You may apply your EAP sessions towards individual counseling. However, you may use EAP sessions towards couples counseling, family counseling or group treatment. In addition to your coverage, your legally married spouse, and any child under your chosen medical benefit and/or legal dependent are covered. Every eligible person has four (4) prepaid sessions each.

PLEASE NOTE: You cannot gift or transfer your EAP sessions to another eligible covered person.

Outpatient Locations & Virtual-Counseling

Bowen Center has 11 outpatient locations offer onsite counseling. Bowen Center outpatient locations include: Fort Wayne, Warsaw, Wabash, Plymouth, Columbia City, Huntington, Angola, LaGrange, Albion, Syracuse & Auburn. Convenient virtual counseling is available without the need to go to an office location.

No Preauthorization or Co-Pay is Required

There is no preauthorization or co-pay required for accessing your EAP benefit. After using your prepaid EAP sessions you have the option of continuing with your chosen pay source. You are under no obligation to continue beyond EAP coverage. Bowen Client Services will assist you with understanding coverage options.

Private and Confidential Access to Care

Participation in the program is private and confidential Your employer is not informed of your participation in the EAP program without your expressed written consent.

Exclusions to Coverage & Session Renewal

Medication management & psychiatric services, psychological testing, inpatient care & any court-ordered treatment are excluded from EAP coverage. Every calendar year you are provided another set of four (4) prepaid sessions.

Have more questions? Any Issues Accessing Your Benefit?

You may contact your EAP representative Jami Davis at jami.davis@bowencenter.org

BOWEN
CENTER

SCHEDULING AN APPOINTMENT



Call **1 800 342 5653** to speak with a Registration & Scheduling Specialist. Explain to the specialist that you have EAP coverage provided by the **City of Angola**. If all scheduling specialists are serving other clients, please leave your name & contact number. You will be contacted as soon as a scheduling specialist is available.



Go to **www.bowencenter.org** and click on "Schedule an Appointment"

PLEASE NOTE: Any insurance information will be gathered to make sure you are properly paired with a therapist if you decide to continue beyond EAP coverage. You are not obligated to continue beyond EAP coverage.

* 1st paycheck will be PAPER CHECK.
 * You cannot access this until after your 1st direct deposit

DOCULIVERY

Quick-Start Guide

This guide provides you with the basic quick-start information needed to log in and access your electronic documents in no time at all. The instructions below highlight the steps for logging into the Doculivery system with a unique User ID and Password to access your online pay stubs and setup notification options with just a few quick clicks!

Getting Started

1. Point your internet browser to the following url:
www.doculivery.com/whitko

2. Enter your User ID. **1**

Your USER ID is:

"WILDCATS" plus your employee ID number.

* email denise.porter@whitko.org to get your employee ID number

3. Enter your initial Password. **2**
 You will be required to change your password upon initial log in.

Your initial PASSWORD is:

The last four digits of your Social Security Number.

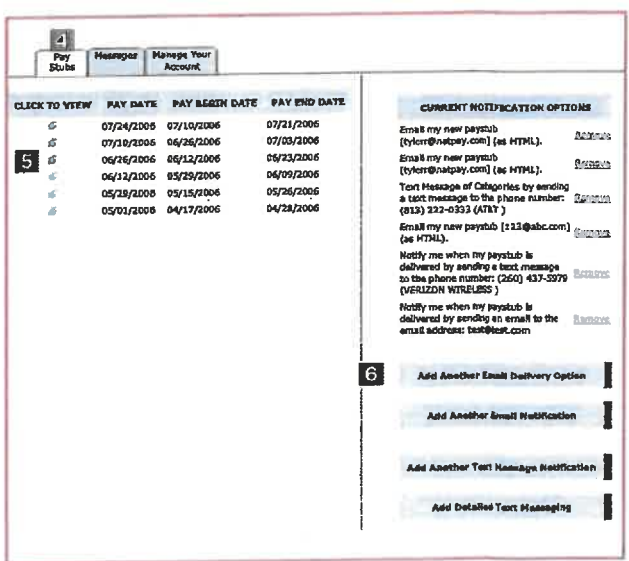
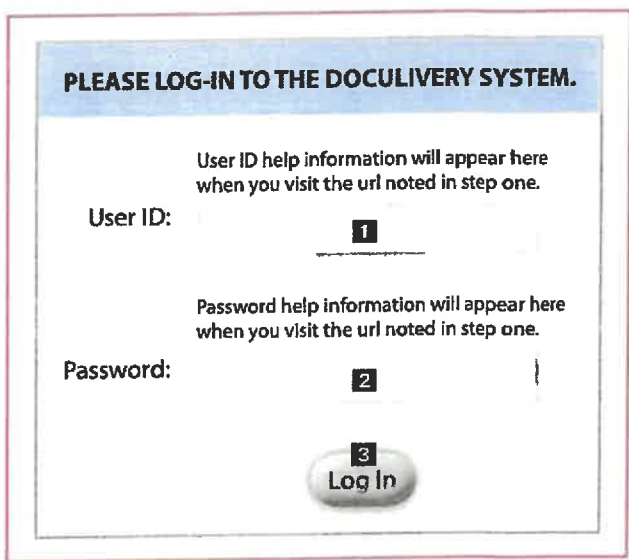
4. Click the Log In button. **3**

5. Once you have logged in and changed your password, please make a note of your new password for future reference.

6. Once logged in, you will see the main screen which is organized by tabs. Click on the Pay Stubs tab **4** to see a list of all pay dates for which you have a pay stub. To see the entire pay stub for a particular date click on the view icon in the Click To View column on the left side of the screen. **5**

Setting Up Notification Options

1. Click on the Pay Stubs tab **4**. On the right side of the screen, select the appropriate bar **6** to setup email or text message notifications.





**ONLY TEACHERS NEED
TO COMPLETE THE
REMAINING PAGES**



To the Superintendent of: _____
 Address: _____

We need verification of past teaching experience for the teacher named below. If the record indicated below is correct, please certify by signing in the right hand column.

If experience prior to your corporation is included, please certify by your signature on basis of your records or send us certification you may have on file.

Thank you for your prompt response.

Sincerely,

HR Specialist
 Whitko Community School Corporation

Name of Teacher/ Employee: _____
 Address: _____

Social Security #: _____ TRF/PRF#: _____

List each year on a separate line.

Employing Corporation	County	Calendar Year	# Months Taught	Certified by Signature of Superintendent

In order to comply with the Acts of 1965, Chapter 215, please furnish information on cumulative sick leave balance for last year in your corporation.

Cumulative Sick Leave Days Transferable: _____ Date: _____

Signed: _____ Title: _____



710 N. SR 5, Suite B, Larwill, Indiana 46764 * (260) 327-3677 * (260) 327-3238 (fax)

SICK LEAVE BANK

Pursuant to the Agreement between the Whitko Community School Corporation and the Whitko Classroom Teachers Association dated August 1, 2019-2021, I understand that unless I formally waive participation in the Sick Leave Bank, I will donate (1) day and become automatically enrolled in the Sick Bank.

I further understand that I am not required to participate in the sick leave bank.

_____ I formally waive participation in the Sick Leave Bank of the Whitko Community School Corporation.

Signature

Date



Beneficiary Designation by Assignee

NAME OF PLANHOLDER Whitko School Corporation		GROUP PLAN # 00044112
NAME OF INSURED		SOC. SEC. #
ADDRESS OF INSURED (STREET, CITY, STATE, ZIP)		MEMBER ID:
NAME OF ASSIGNEE		DATE OF ASSIGNMENT
ADDRESS OF ASSIGNEE (STREET, CITY, STATE, ZIP)		

Pursuant to the terms of the above numbered group plan and my rights as Assignee under the above described assignment, I hereby make the following beneficiary designation for any amounts becoming due under said Group Plan by reason of the death of said Insured, according to the provisions of the Employee Basic Term Life Insurance, Supplemental Term Life, and Accidental Death Insurance, if included, all prior designations of beneficiary and modes of settlement thereunder being revoked:

NAME(S)	ADDRESS(ES)	Relationship to (if none, indicate "friend")	
		ASSIGNEE	INSURED

Assignee will not receive proceeds on Insured's death unless named as primary beneficiary on this form. Contingent beneficiaries may also be named.

If more than one person qualifies as beneficiary, payment will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein.

If no such designated beneficiary survives the Insured, I direct that payment be made to myself, if living otherwise to the executors or administrators of my estate.

The right to change the beneficiary designation is reserved.

SIGNATURE OF ASSIGNEE	DATE
SIGNATURE OF WITNESS	DATE

The above beneficiary designation has been recorded in connection with the insurance evidenced by the above certificate to take effect as of the date signed by the Assignee whether the Insured is living or not on the date recorded shown below. However, no such designation shall be effective if any payment has been made by Guardian prior to receipt at its Home Office.

If payment is made to any Trustee, as beneficiary, Guardian will not be responsible for the application, disposition, or other use of any such payment or payments due to such Trustee and will be fully discharged in making any such payment.

RECORDED BY	DATE
-------------	------



P.O. Box 14334
Lexington KY 40512

Beneficiary Designation Form

PLEASE TYPE or PRINT CLEARLY. (The entire form, properly completed, signed and dated by the Insured, must be submitted or the changes cannot be processed.)

EMPLOYER/PLANHOLDER NAME:

Whitko School Corporation

GROUP NUMBER

00044112

EMPLOYEE NAME (LAST, FIRST, M.)

CERT.#

SOCIAL SECURITY #

EMPLOYEE HOME ADDRESS (STREET, CITY, STATE, ZIP)

Please indicate the coverage to which the beneficiary(ies) apply: Basic Life Voluntary Life Group Permanent Life AD&D Accident

I AUTHORIZE Guardian or my employer to record and consider the individuals/instructions that I have named on this form as beneficiaries for benefits under the applicable employee benefits plan.
(PLEASE COMPLETE THE APPROPRIATE SECTIONS ONLY.)

BENEFICIARY INFORMATION: (Complete to designate a beneficiary or change the beneficiary designation); Include full proper name, relationship and social security number of proposed beneficiary(s) - i.e. Mary A. Doe, and relationship - i.e. husband, wife, friend, son, daughter.

		Relationship	%	Social Security #	Date of Birth
Primary:					
1) Name					
Address	Phone#	Email			
2) Name					
Address	Phone#	Email			
Contingent:					
1) Name					
Address	Phone#	Email			
2) Name					
Address	Phone#	Email			

If more than one primary and/or contingent Beneficiary is designated and no percentage has been designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured, unless otherwise provided in the Group Plan.

SIGNATURE OF INSURED	SIGNATURE OF WITNESS (SOMEONE OTHER THAN BENEFICIARY)	DATE
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Community Property State Consent for Residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin. If you are married and live in a community property state your spouse may have a legal claim for a portion of the life insurance benefit under state law. If you name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.
As the insured Employee's spouse, I am aware that my spouse, the Employee named above, has designated someone other than me to be the beneficiary of group life insurance under the above policy. I hereby consent to such designation and waive any rights I may have to the proceeds of such life insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse _____

Minors named as beneficiaries

Attention: If any of the Beneficiaries named above is a minor (a person under the age of 18 or 21, depending on their state of residency), state law may limit Guardian's ability to pay life insurance proceeds directly to them for as long as they remain a minor. State Uniform Transfers to Minors Act (UTMA) laws, where applicable, may allow for the normal course of payment of these proceeds, or a portion thereof, to the minor beneficiary's designated Custodian to manage on the minor's behalf until they reach adult age. At that time, the proceeds are turned over to the adult child, who can use the proceeds in any way he or she chooses.

Are any of the Beneficiaries identified above considered a minor in the state in which they reside?

Check one box only. Yes No

If you answered "Yes", please name the legally designated UTMA Custodian for all minor Beneficiaries you have designated:

Custodian to Minor Beneficiaries:

Name:

Social Security Number (or FEIN/TIN # if a corporate entity):

Address/City/State/Zip:

Date of Birth (mm-dd-yyyy) (if an individual):

Phone: () -

THIS SECTION TO BE COMPLETED BY GUARDIAN/or THE PLANHOLDER ONLY.

This is to certify that the following beneficiary information have been recorded in connection with the insurance for the above named insured.

Recorded by:

Date:

(12/20)

GG-17-A

PLEASE RETURN THE FORM TO THE PLANHOLDER FOR RECORDING

Frequently Asked Questions FAQ

- 1. Primary Beneficiary:** Is the first choice to receive your insurance benefit. If you name more than one primary beneficiary and a beneficiary predeceases the insured, that portion of the benefit will be equally distributed among the surviving beneficiaries.
- 2. Contingent Beneficiary:** Is the second choice to receive your insurance benefit if (all) the primary beneficiary(s) is (are) not living at the time of the employee's death. If you name more than one contingent beneficiary and a beneficiary predeceases the insured, that portion of the benefit will be equally distributed among the surviving beneficiaries.
- 3. If more than one primary and/or contingent beneficiary is designated and no percentage has been designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the insured, unless otherwise provided herein. Primary beneficiary percentages must total 100% and contingent beneficiary percentages must total 100%.**
- 4. If you wish to have your insurance benefit disbursed in accordance with your will, you should designate your estate as beneficiary. If you wish to name an estate as the beneficiary, you will need the following paper work: Letters of appointment naming the executor/administrator/personal representative and the estate tax ID number.**
- 5. If you wish to name a trust as the beneficiary, you will need the following paper work: The name of the Trust, Date the trust was established (must be prior to the date this form is submitted), Name and Address of one of the trustee(s) (If Possible)**
- 6. If you wish to name an organization or charity as the beneficiary, you will need the following information: Name, and Contact information (phone number, address, etc.).**
- 7. Minor Beneficiary(s)-** When you designate minors as beneficiaries, it is important to understand that insurance benefits will not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. Regulations governing minor beneficiaries vary by state.
- 8. If you wish to designate your domestic partner as your beneficiary, you must complete a beneficiary form. A domestic partner is not considered a legal spouse in most states and must be specifically named as a beneficiary.**

❖ This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.



ENROLLMENT FORM FOR NEW MEMBERS

State Form 37680 (R12 / 2-08)

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Home page: <http://www.in.gov/trf>

PRIVACY NOTICE

Your Social Security number is requested by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without this information.

INSTRUCTIONS:

This form is for new members of the Indiana State Teachers' Retirement Fund. **Pre-existing members wanting to make changes to their account should use the "Request for Member Data Change" form State Form 43567 that is available from our offices.** The employer must sign to certify that the member meets eligibility requirements.

Please forward the completed form to the retirement system within five (5) days of the teacher's date of employment. You must complete all items on this form, using "N/A" where not applicable. If an employee is already a member, we do NOT need a new membership record.

PLEASE USE BLACK INK ONLY

TRF Number (Office Use Only)

MEMBER INFORMATION

Social Security Number	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)
First Name	MI	Last Name	
Address		Home Phone Number	
		Other Phone Number	
		Email Address	
City	State	Zip Code	

You are required to submit a copy of your Social Security Card and Birth Certificate from your Public Health Department. If you do not submit a copy of your Social Security Card and Birth Certificate with this form, you must forward one to the Teachers' Retirement Fund as soon as possible.

PREVIOUS MEMBERSHIP INFORMATION (To be completed by member)

Have you ever served on active duty in the Armed Forces of the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you previously been employed in a position covered by the Indiana Public Employees Retirement Fund?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, are you receiving benefits from the Indiana Public Employees Retirement Fund?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you previously been employed in a position covered by the Indiana State Teachers' Retirement Fund?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, are you receiving benefits from the Indiana State Teachers' Retirement Fund?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever served in an out-of-state teaching position?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

BENEFICIARY INFORMATION

<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Social Security / Tax I.D. Number	Beneficiary	Date of Birth	Relationship
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Social Security / Tax I.D. Number	Beneficiary	Date of Birth	Relationship
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Social Security / Tax I.D. Number	Beneficiary	Date of Birth	Relationship
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Social Security / Tax I.D. Number	Beneficiary	Date of Birth	Relationship

In accordance with the provisions of Ind. Code § 21-6.1-4-8, I designate the above as my primary beneficiary. If the primary beneficiary herein nominated shall survive me, he or she shall receive all funds due to a beneficiary from my participation in the Teachers' Retirement Fund. If the primary beneficiary shall not survive me, then the secondary beneficiary shall receive such funds; if neither shall survive me, then the beneficiary shall be my estate. I understand that I have the right to designate "NONE" as secondary beneficiary or both primary and secondary beneficiary. If no designation is made, any death settlement due would be payable to my estate. I reserve the right to change the primary or secondary beneficiary at any time prior to retirement by filing a "Data Change Form" with the Board of Trustees of the Indiana State Teachers' Retirement Fund.

Signature of Member	Date of Signature (mm/dd/yyyy)
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CURRENT EMPLOYMENT INFORMATION (To be completed by employer)

Employer Unit Number	Name of Employer	Date Employed (mm/dd/yyyy)
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EMPLOYER CERTIFICATION

Pursuant to Title 515 IAC et seq., by signing below, you are verifying that the above individual is qualified to serve as a teacher.

Authorized Signature	Title	Date of Signature (mm/dd/yyyy)
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