

Substitute Paperwork Packet

(Revised 5/2/2019)

All substitutes have to be Board approved to be placed on any substitute listing.

Please return the following to be added to substitute listing:

- Application, included in this packet
- Copy of existing License / Permit
 - Instructions on how to apply for substitute license included in this packet
- Current BCI and FBI reports, if you hold an existing license / permit
 - Instructions on how to schedule a BCI/FBI included in this packet
- Substitute Acknowledgement
 - Please sign and date, included in this packet
- Acknowledgement of Receipt of Important Documents and Policies
 - Please sign and date, included in this packet
- Payroll Tax forms
 - Please fill out and return all forms included in this packet
- Copy of your **Ohio Driver's license** and **Social Security card**

NEW SUBSTITUTE TEACHER & EDUCATIONAL AIDE APPLICANTS

In order to be placed on the Midwest Regional Educational Service Center's substitute list for the current school year, you must have **ALL** required documents on file in the Midwest Regional ESC office. Each year after your initial application, you will be sent a "Reasonable Assurance Letter", "Intent to Substitute form", "Substitute Acknowledgement" and "Acknowledgement of Receipt of Important Documents and Policies" to complete and return if you would like to continue being on the substitute list for the next school year.

STEP 1:

- 1) Complete & return the substitute **Application, Substitute Acknowledgement, Acknowledgement of Receipt of Important Documents and Policies** and **Tax Payroll Packet** to the Midwest Regional ESC office.

STEP 2:

- 1) Your BCI and/or FBI fingerprinting background checks can be done through the Midwest Regional ESC office by appointment only. Cost for **BCI - \$35.00; FBI - \$35.00; Both BCI & FBI - \$70.00.**
 - a) If using another facility that offers background checks, make sure that your fingerprinting results are marked as a "direct copy" to Ohio Department of Education and your paper copy gets mailed to the Midwest Regional ESC office.
 - b) If you hold an existing substitute license/permit or a standard teaching license, you should provide to our office copies of your BCI and FBI reports. The reports must be no older than one year (365 days) from the date of your substitute application.

STEP 3:

- 1) Complete your **ONLINE License/Permit Application** at the Ohio Department of Education's website.
 - a) Follow the instructions in creating an OH|ID Account and Applying for an ODE License/Permit online.
 - (1) PDF documents are available on ODE's website and the MRESC office.
 - b) For the Superintendent Signature, search using the magnifying glass for the MRESC's IRN#014777 and add as your designated e-signer. If you are an Educational Aide you must also mark the "Valid in" section with IRN #014777.
 - c) Your License/Permit will be approved by the Midwest Regional ESC Superintendent upon completion of Step 1 (submission of your substitute application packet).
 - d) Your substitute license/permit will be automatically emailed to the Midwest Regional ESC.
 - e) You will be paying for your license/permit with a credit card through the ODE website.
 - f) If you are a first time applicant as a substitute teacher, you will need to upload your college transcript showing your BA degree during the application process. Aides do not need to upload any documents.



Substitute Application

Mark Position(s):

Teacher

Educational Aide

Nurse

Personal Information:		Today's Date:	
Preferred Phone #		Alternate Phone #	
Last Name	First Name	M.I.	
Street Address			
City	State	Zip	
Date of Birth	Email Address		

Select all classrooms and school districts that you are interested in...

MRESC Classrooms – *All our classrooms utilize Absence Management*

HARDIN COUNTY

Located at Ada Exempted Village Schools

- Liberty Village Preschool #1 & #2
- SpecEd Elementary Classroom

Located at Hardin Northern Local Schools

- Northern Lights Preschool

Located at Ridgemont Local Schools

- Victory Garden Preschool

Located at Upper Scioto Valley Local Schools

- Little River Preschool
- SpecEd Middle Classroom
- SpecEd High School Classroom

LOGAN COUNTY

Located at Benjamin Logan Local Schools

- SpecEd Elementary Classroom
- SpecEd Middle School Classroom

Located at Indian Lake Local Schools

- SpecEd Elementary Classroom
- SpecEd Middle School Classroom
- SpecEd High School Classroom

Located at Logan County DD

- Discovery Center Preschool

SHELBY COUNTY

Located at Jackson Center Schools

- SpecEd Elementary Classroom
- SpecEd Middle School Classroom
- SpecEd High School Classroom

Located at Sidney High School

- Opportunity School

County School Districts – *Districts with * utilize Absence Management*

HARDIN COUNTY

- Hardin Community School
- Hardin County DD / Simon Kenton
- Hardin Northern Local Schools
- Ridgemont Local Schools
- Upper Scioto Valley Local Schools

LOGAN COUNTY

- Benjamin Logan Local Schools *
- Indian Lake Local Schools *
- Riverside Local Schools

SHELBY COUNTY

- Anna Local Schools
- Botkins Local Schools
- Fairlawn Local Schools
- Fort Loramie Local Schools
- Hardin-Houston Local Schools
- Jackson Center Local Schools
- Russia Local Schools

Office Use Only:

Form Processed By: Penny Jana

Date Received: _____

Reactivated in AM: _____

Have you ever taught or been on the substitute list for the Midwest Regional ESC before? YES _____ NO _____

Are you a retired teacher? YES _____ NO _____

Licensure:

Please indicate below the State of Ohio License/Permit(s) you hold or anticipate receiving. When employed, your license/permit must be on file at the Midwest Regional Educational Service Center before you can be paid.

License/Permit Type	Date Issued	Expiration Date	Educator State ID	Grades or Subjects Covered

If you do not hold an Ohio License/Permit, have you applied for one? _____

Are you certified in another state? _____ Please indicate which state _____

Educational History: (start with high school and list all colleges attended)

School Name	Location	Major Course of Study	Attended		Graduated		Degree
			From	To	Yes	No	

Work Experience:

Dates		Company	Address	Position	Reason for Leaving
Fr	To				

I certify that the information in this application is true and accurate to the best of my knowledge and belief.

I hereby authorize the ESC Board or its agents to conduct such investigations and to obtain such records (including criminal records) as the Board deems necessary. I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.

_____ Date

_____ Signature of Applicant

The Midwest Regional Educational Service Center is an EQUAL OPPORTUNITY EMPLOYER

In accordance with the regulations set forth in Title VI and Title VII of the Civil Rights Act of 1964, as amended, Title IX of the Educational Act of 1972, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, the Age Discrimination Act, and the American Disabilities Act of 1990, the Midwest Regional Educational Service Center does not discriminate on the basis of race, color, religion, national origin, sex, age or disability, in providing equal opportunity for employment and admission or access to any of the facilities, programs, and activities which it operates.



SUBSTITUTE ACKNOWLEDGEMENT

All substitute candidates must read carefully and sign this document to be considered for placement on the board approved substitute list that Midwest Regional ESC (MRESC) provides to school districts.

- All individuals who are placed on the substitute list that MRESC provides to districts must have a satisfactory background check (BCI and FBI reports).
- All individuals who are placed on the substitute list that MRESC provides to districts must have a current Ohio Department of Education issued license or permit.
- If the BCI indicates that you have been convicted of or have plead guilty to any of the offenses outlined in ORC 3319.31 and on the Midwest Regional ESC Policies/Administrative Guidelines (*listed on the back of this document*), you will not be included on the substitute list.
- If the BCI indicates that you have been charged, arrested or involved in any reported incident or altercation, you must provide an official copy of a police report regarding the incident and proof that the incident did not result in a conviction. The official copy must be submitted to the MRESC Superintendent.
- Placement on the MRESC substitute list does not guarantee that you will be called to substitute at any Hardin, Logan or Shelby County school district; not all of the schools the MRESC provides names to utilize our list and each district using the list has its own protocol for selection and makes its own calls for substitutes.
- MRESC will remove a person's name from the substitute list and Absence Management if it receives a complaint about the person's performance from a district. The MRESC does not investigate complaints from districts nor does it maintain investigative materials concerning such complaints. A person whose name is removed from the substitute list must inquire with the districts about performance complaints.
- MRESC is not obligated to provide any information about why an individual is removed from the substitute list. Any information about an individual substitute's performance will be communicated to the substitute by the school district where the performance issue occurred.

By affixing my signature, I acknowledge that I have read this document, understand that the substitute list is not required to be maintained by MRESC nor used by all school districts, and that MRESC has no obligation to me to maintain my name on the list.

Signature

Name: Print Please

Date

INFORMATION REGARDING ORC 3319.31 and MRESC POLICIES/ADMINISTRATIVE GUIDELINES

If the criminal records check (*Ohio BCI report*) shows that you have been convicted of or have plead guilty to any of the following, you will not be placed on the Midwest Regional ESC list of substitutes because Ohio law generally bars employment in Ohio schools of persons convicted of these offenses.

- Murder or aggravated murder
- Voluntary or involuntary manslaughter
- Assault, felonious assault, aggravated assault
- Failure to provide proper care for functionally impaired person
- Aggravated menacing
- Patient abuse or neglect
- Felonious sexual penetration
- Kidnapping, abduction
- Child stealing or child enticement
- Rape
- Sexual battery
- Sexual imposition or gross sexual imposition
- Corruption of a minor
- Importuning
- Voyeurism
- Public indecency
- Prostitution or procuring prostitution
- Compelling or promoting prostitution
- Pandering obscenity and/or child pornography
- Disseminating matter harmful to juveniles
- Pandering any sexually oriented materials involving or depicting minors
- Use of minor in nudity-oriented materials/performance
- Robbery or burglary or aggravated robbery or burglary
- Unlawful abortion
- Endangering children
- Contributing to unruliness or delinquency of child
- Domestic violence
- Carrying concealed weapon
- Having weapon while under disability
- Discharging firearm at or into school or residence
- Corrupting another with drugs
- Trafficking in drugs
- Illegal manufacture of drugs or cultivation of marijuana
- Funding of drug or marijuana trafficking
- Illegal administration or distribution of anabolic steroids
- Drug possession other than a minor misdemeanor
- Placing harmful objects or substances in food
- Any other felony as per ORC 3319.31
- Any other offense of violence as per ORC 3319.31
- Any other theft offense as per ORC 3319.31
- Any other drug abuse offense not a minor misdemeanor



Acknowledgement of Receipt of Important Documents and Policies

All of the Midwest Regional ESC Board policies and administrative guidelines can be found by going to the following link: www.neola.com/midwestesc-oh. These policies apply **ONLY** to substitutes working for a Midwest Regional ESC employee. Please consult specific school district policies when substituting for district personnel as they may differ from the Midwest Regional ESC's policies.

I am aware of the availability and location of the document and policies listed below. It is my responsibility for knowing the content of said document and policies.

Documents and Policies reviewed:

- Blood-borne Pathogens: Exposure Control Plan #8453
- Fraud Reporting ORC 117.103 (A)
- Whistleblower Protection Policy #4211
- Network and Internet Use Policy #7540.04
- Drug-Free Workplace Policy #4122.01

- **Fraud Reporting ORC 117.103 (A)**

The Ohio Auditor of State's office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll free number, the Auditor of State's website, or through the United States mail. To read the complete Ohio Revised Code, internet search ORC 117.103 (A)

Auditor of State's fraud contact information:

Telephone: 1-866-FRAUD OH (1-866-372-8364)

US Mail: Ohio Auditor of State's office

Special Investigations Unit

88 East Broad Street

P.O. Box 1140

Columbus, OH 43215

Web: www.ohioauditor.gov

- **Ohio Ethics Law** information can be found by going to the following link: www.ethics.ohio.gov

By signing below you are acknowledging that the Midwest Regional Educational Service Center provided you with information about the documents and policies listed above. All substitutes must sign and date this document for their file.

PRINT NAME

DATE

SIGN NAME

Form W-4 (2019)

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

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

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial			Last name		2 Your social security number
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)					5
6 Additional amount, if any, you want withheld from each paycheck					6 \$
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself		A	<u> </u>
B	Enter "1" if you will file as married filing jointly		B	<u> </u>
C	Enter "1" if you will file as head of household		C	<u> </u>
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	D	<u> </u>
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 		E	<u> </u>
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 		F	<u> </u>
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F		G	<u> </u>
H	Add lines A through G and enter the total here	▶	H	<u> </u>

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details		1	\$ <u> </u>
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately 	}	2	\$ <u> </u>
3	Subtract line 2 from line 1. If zero or less, enter "-0-"		3	\$ <u> </u>
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)		4	\$ <u> </u>
5	Add lines 3 and 4 and enter the total		5	\$ <u> </u>
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)		6	\$ <u> </u>
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses		7	\$ <u> </u>
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction		8	<u> </u>
9	Enter the number from the Personal Allowances Worksheet , line H, above		9	<u> </u>
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1		10	<u> </u>

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 who claims no withholding allowances; 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 possessions 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 aren't required to provide the information requested on a form that's 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.

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



**Department of
Taxation**

Employee's Withholding Exemption Certificate

Print full name _____ Social Security number _____

Home address and ZIP code _____

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed _____
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____
- 3. Exemptions for dependents _____
- 4. Add the exemptions that you have claimed above and enter total _____
- 5. Additional withholding per pay period under agreement with employer \$ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
----------------------------------------------------	---------------------------	-----------------------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND
<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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 alien's nonimmigrant status 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 	<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 <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



MEMBER INFORMATION

Please complete the information below and return to your employer within 10 days of your first workday.

Section 1 — Employee Information

Social Security no. _____

Name _____

Birth date _____ Male Female

Address _____

City, state, ZIP code _____

First date on payroll with this employer _____ (Retired employees should indicate first day worked with this employer after retirement date.)

Are you currently receiving a monthly retirement benefit from an Ohio public employer or an alternative retirement plan (ARP)? Yes No If yes, please complete Section 2.

Section 2 — Retired Employee

Only complete if you are receiving a monthly retirement benefit from an Ohio public employer or an ARP.

Retirement date _____

Type of retirement benefit:

- Service retirement Disability ARP

Which retirement system pays your monthly retirement benefit?

- STRS — State Teachers Retirement System of Ohio
- OPERS — Ohio Public Employees Retirement System
- SERS — School Employees Retirement System of Ohio
- OP&F — Ohio Police & Fire Pension Fund
- SHP — Highway Patrol Retirement System
- CRS — City of Cincinnati Retirement System
- ARP — Alternative Retirement Plan (option only for college and university retirees)

School Use Only

College and university employers: Is this employee eligible for an ARP? Yes No



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 East Broad Street, Suite 100, Columbus, Ohio 43215-3746
614-222-5853 • Toll-Free 1-800-878-5853 • www.ohsers.org

MEMBERSHIP RECORD

PART A - TO BE COMPLETED BY MEMBER

____-____-____

SOCIAL SECURITY NUMBER

LAST NAME FIRST MIDDLE MAIDEN

PERMANENT MAILING ADDRESS: STREET MALE FEMALE

CITY STATE ZIP

DATE OF BIRTH: MONTH DAY YEAR E-MAIL ADDRESS: SINGLE DIVORCED

PHONE NUMBER: () MARRIED WIDOWED

FAMILY DATA

LAST NAME FIRST MIDDLE OR MAIDEN DATE OF BIRTH MONTH/DAY/YEAR

SPOUSE: _____

CHILDREN: _____

FATHER: _____

MOTHER: _____

JOB CLASSIFICATION *Mark one box only:*

- Administrative
- Educational Aide
- Supplemental (Coach, Advisor, Etc.)
- Clerical/Secretarial
- Food Service
- School Board Member
- Custodial/Maintenance
- Transportation
- Other _____

If an employee of the schools through an outside contract company:
Name of contract company: _____

MEMBERSHIP IN OTHER OHIO SYSTEM

For all of the following, check "yes" or "no" if you ever were a member of or received benefits from:

	MEMBER	BENEFIT
School Employees Retirement System of Ohio	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
State Teachers Retirement System of Ohio	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
Ohio Public Employees Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
Ohio Police & Fire Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
Ohio State Highway Patrol Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
Cincinnati Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor

Individuals receiving a Disability Benefit from SERS need to contact SERS before returning to work.

MEMBER CERTIFICATION

I hereby certify the information given here to be true to the best of my knowledge.

SIGNATURE: _____ DO NOT PRINT DATE: _____

PART B - TO BE COMPLETED BY EMPLOYER

____ COUNTY DISTRICT NO.

SCHOOL DISTRICT COUNTY COUNTY DISTRICT NO.

MEMBER'S FIRST DATE OF SERVICE THIS SCHOOL YEAR (July 1 - June 30): _____

I hereby certify that I have verified the employee's Social Security number, the job title, and the first date of service for the current employment.

AUTHORIZED OFFICER'S SIGNATURE: _____



Educational Service Center

Serving Hardin, Logan, & Shelby Counties

www.mresc.org

"Your Partner in Educational Excellence"

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT

Name

Relationship

Cell Phone Number

Additional Phone Number

SECONDARY CONTACT

Name

Relationship

Cell Phone Number

Additional Phone Number

Employee Print Name

Position

Employee Signature

Date

2019-2020 PAYROLL SCHEDULE

SUB & TIMESHEET EMPLOYEES

PAY PERIOD Beginning Date	PAY PERIOD Ending Date	PAY DATE	11 & 12 Month	9 & 10 Month	Time Sheets Due	Time Sheet Period 2 weeks lag	Time Sheet Pay Date
July 23, 2019	August 7, 2019	August 7, 2019	1	23			
August 8, 2019	August 22, 2019	August 22, 2019	2	24			
August 23, 2019	September 6, 2019	September 6, 2019	3	1	9/6	7/23-9/6	9/20/2019
September 7, 2019	September 20, 2019	September 20, 2019	4	2	9/20	9/8-9/21	10/7/2019
September 21, 2019	October 7, 2019	October 7, 2019	5	3	10/7	9/22-10/5	10/22/2019
October 8, 2019	October 22, 2019	October 22, 2019	6	4	10/22	10/6-10/22	11/7/2019
October 23, 2019	November 7, 2019	November 7, 2019	7	5	11/7	10/23-11/7	11/22/2019
November 8, 2019	November 22, 2019	November 22, 2019	8	6	11/22	11/8-11/21	12/6/2019
November 23, 2019	December 6, 2019	December 6, 2019	9	7	12/6	11/22-12/7	12/20/2019
December 7, 2019	December 20, 2019	December 20, 2019	10	8	12/20	12/8-12/21	1/7/2020
December 21, 2019	January 7, 2020	January 7, 2020	11	9	1/7	12/22-1/7	1/22/2020
January 8, 2020	January 22, 2020	January 22, 2020	12	10	1/22	1/8-1/22	2/7/2020
January 23, 2020	February 7, 2020	February 7, 2020	13	11	2/7	1/23-2/7	2/21/2020
February 8, 2020	February 21, 2020	February 21, 2020	14	12	2/21	2/8-2/22	3/6/2020
February 22, 2020	March 6, 2020	March 6, 2020	15	13	3/6	2/23-3/7	3/20/2020
March 7, 2020	March 20, 2020	March 20, 2020	16	14	3/20	3/8-3/22	4/7/2020
March 21, 2020	April 7, 2020	April 7, 2020	17	15	4/7	3/23-4/5	4/22/2020
April 8, 2020	April 22, 2020	April 22, 2020	18	16	4/22	4/6-4/22	5/7/2020
April 23, 2020	May 7, 2020	May 7, 2020	19	17	5/7	4/23-5/7	5/22/2020
May 8, 2020	May 22, 2020	May 22, 2020	20	18	5/22	5/8-5/22	6/5/2020
May 23, 2020	June 5, 2020	June 5, 2020	21	19	6/5	5/23-6/7	6/22/2020
June 6, 2020	June 22, 2020	June 22, 2020	22	20	6/22	6/8-6/21	7/7/2020
June 23, 2020	July 7, 2020	July 7, 2020	23	21	7/7	6/22-7/5	7/22/2020
July 8, 2020	July 22, 2020	July 22, 2020	24	22	7/22		

Subs & Time Sheet Employees are paid on 2 week lag.

Subs & Time Sheet Employees should fill out their time sheets according to the Yellow Section

Please turn in timesheets at the end of day on the day they are due.

Timesheets may be faxed: 937-599-1959 or emailed to: tfeatheringham@mresc.org

SUBSTITUTE TEACHER-AIDE HELP GUIDE

Serving Hardin, Logan, and Shelby Counties



Please keep this Substitute Teacher/Aide Help Guide in a handy location for reference, as there are important phone numbers and other general information that you might need throughout the year.

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CREDENTIALS

All substitute teachers and aides need to be board approved by each school they indicate on their substitute application or returning intent to substitute form. The following documents must be on file with the Personnel Department before board approval and being placed on a sub list at any school district or ESC classroom:

Documents needed:

- Application
- Copy of Teaching License, Substitute Teaching License or Educational Aide Permit
- BCI and FBI Reports (*see fingerprinting below*)
- Substitute Acknowledgement (*signed*)
- Acknowledgment of Receipt of Important Documents and Policies (*signed*)
- W-4 Federal Tax Form
- IT-4 State Tax Form
- Employment Eligibility Verification (*Form I-9*)
 - Copy of two (2) of the following:
 - Driver's License
 - Social Security Card (*required*)
 - Passport
- SSA-1945 Form
- STRS – State Teachers Retirement System Form (*teachers*)
- STRS – Reemployed Retiree Notification Form (*retired teachers*)
- SERS – School Employees Retirement System Form (*aides*)
- Emergency Contact Form

Fingerprints: The State of Ohio requires all new employees to be fingerprinted. Fingerprints are valid for twelve (12) months; substitute teachers are considered a new employee by the state. Fingerprints must be on file with the Bureau of Criminal Identification and Investigation (BCII) and Federal Bureau of Investigation (FBI) in London, Ohio. If you are a renewed substitute teacher for the current school year, there is no need to have fingerprints done again unless you are renewing a license. FBI fingerprints must be renewed every 5 years.

SUBSTITUTE ACKNOWLEDGEMENT

All substitute candidates must read carefully and sign this document in their substitute packet to be considered for placement on the board approved substitute list that Midwest Regional ESC (MRESC) provides to school districts.

- All individuals who are placed on the substitute list that MRESC provides to districts must have a satisfactory background check (BCI and FBI reports).
- All individuals who are placed on the substitute list that MRESC provides to districts must have a current Ohio Department of Education issued license or permit.
- If the BCI indicates that you have been convicted of or have plead guilty to any of the offenses outlined in ORC 3319.31 and on the Midwest Regional ESC Policies/Administrative Guidelines, you will not be included on the substitute list.
- If the BCI indicates that you have been charged, arrested or involved in any reported incident or altercation, you must provide an official copy of a police report regarding the incident and proof that the incident did not result in a conviction. The official copy must be submitted to the MRESC Superintendent.
- Placement on the MRESC substitute list does not guarantee that you will be called to substitute at any Hardin, Logan or Shelby County school district; not all of the schools the MRESC provides names to utilize our list and each district using the list has its own protocol for selection and makes its own calls for substitutes.
- MRESC will remove a person's name from the substitute list and Absence Management if it receives a complaint about the person's performance from a district. The MRESC does not investigate complaints from districts nor does it maintain investigative materials concerning such complaints. A person whose name is removed from the substitute list must inquire with the districts about performance complaints.
- MRESC is not obligated to provide any information about why an individual is removed from the substitute list. Any information about an individual substitute's performance will be communicated to the substitute by the school district where the performance issue occurred.

INFORMATION REGARDING ORC 3319.31 and MRESC POLICIES/ADMINISTRATIVE GUIDELINES

If the criminal records check (*Ohio BCI report*) shows that you have been convicted of or have plead guilty to any of the following, you will not be placed on the Midwest Regional ESC list of substitutes because Ohio law generally bars employment in Ohio schools of persons convicted of these offenses.

- Murder or aggravated murder
- Voluntary or involuntary manslaughter
- Assault, felonious assault, aggravated assault
- Failure to provide proper care for functionally impaired person
- Aggravated menacing
- Patient abuse or neglect
- Felonious sexual penetration
- Kidnapping, abduction
- Child stealing or child enticement
- Rape
- Sexual battery
- Sexual imposition or gross sexual imposition
- Corruption of a minor
- Importuning
- Voyeurism
- Public indecency
- Prostitution or procuring prostitution
- Compelling or promoting prostitution
- Pandering obscenity and/or child pornography
- Disseminating matter harmful to juveniles
- Pandering any sexually oriented materials involving or depicting minors
- Use of minor in nudity-oriented materials/performance
- Robbery or burglary or aggravated robbery or burglary
- Unlawful abortion
- Endangering children
- Contributing to unruliness or delinquency of child
- Domestic violence
- Carrying concealed weapon
- Having weapon while under disability
- Discharging firearm at or into school or residence
- Corrupting another with drugs
- Trafficking in drugs
- Illegal manufacture of drugs or cultivation of marijuana
- Funding of drug or marijuana trafficking
- Illegal administration or distribution of anabolic steroids
- Drug possession other than a minor misdemeanor
- Placing harmful objects or substances in food
- Any other felony as per ORC 3319.31
- Any other offense of violence as per ORC 3319.31
- Any other theft offense as per ORC 3319.31
- Any other drug abuse offense not a minor misdemeanor

IMPORTANT POLICIES

All of the Midwest Regional ESC Board policies and administrative guidelines can be found by going to the following link: www.neola.com/midwestesc-oh

Please use the link to access the following NEOLA policies. As a substitute employee, you are required to read and understand the policies listed below and sign a document to that effect. These policies apply **ONLY** to substitutes working for a Midwest Regional ESC employee.

- **Blood-borne Pathogens: Exposure Control Plan #8453**
- **Drug-Free Workplace Policy #4122.01**
- **Network and Internet Use policy #7540.04**
- **Whistleblower Protection policy #4211**

Please consult specific school district policies when substituting for district personnel as they may differ from the Midwest Regional ESC's policies.

- **Fraud Reporting ORC 117.103 (A)**

The Ohio Auditor of State's office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll free number, the Auditor of State's website, or through the United States mail. To read the complete Ohio Revised Code, internet search ORC 117.103 (A)

Auditor of State's fraud contact information:

Telephone: 1-866-FRAUD OH (1-866-372-8364)

US Mail: Ohio Auditor of State's office

Special Investigations Unit

88 East Broad Street

P.O. Box 1140

Columbus, OH 43215

Web: www.ohioauditor.gov

Ohio Ethics Law information can be found by going to the following link: www.ethics.ohio.gov

RESPONSIBILITY OF A SUBSTITUTE TEACHER/AIDE

The primary responsibility of a substitute is to provide a worthwhile learning experience for the students temporarily in your care. This implies an orderly, inquiring atmosphere in the classroom. This is expected and should be secured, following the on-going program of the classroom.

Dress for Success: Your appearance says a lot about you. Use it to enhance your personal and professional success. People do pay attention to how you look. That's why it important to be impeccable in your presentation of self.

Smile! First impressions mean a lot and if you walk into the school with a scowl on your face, chances are that people will remember you as the grouchy substitute. Plaster a smile on your face the moment you pull into the parking lot and keep it there throughout the day. Imagine that it is part of your wardrobe and cannot be removed until you get back in your car after the last bell rings.

Duties of a Substitute:

- ***On arrival*** (1/2 hour prior to the start of school) the substitute teacher/aide reports directly to the main office with the name of the teacher/aide you are substituting for; it is possible you will be notified of a change in schedule.
- ***You may be given an information packet,*** keys, etc.; be sure to return all items at the end of the day or the end of your assignment.
- ***Check daily program or schedule*** paying close attention to:
 - Teacher's Schedule – Music, Art, Tutor, etc.
 - Extra Duty Assignments
 - Money Collections and Lunch Counts
 - Attendance Instructions
 - Your responsibilities for Class Supervision at Recess
 - Emergency Procedures

- ***Classroom discipline*** is the responsibility of the substitute teacher. Both the teacher and aide are the key to success in the classroom; the first impression you give the students sets the tone for the day. Each substitute teacher or aide should encourage good conduct, treating the students with courtesy, respect, and fairness. When reasonable order cannot be maintained, call on the help of the principal or assistant principal of the school.
- ***Summarize the day's activities***, problems, and successes for the teacher. Please leave the room, desk, and materials in as good a condition as you found them.
- ***Check out each day through the office***. The time that you are to leave the building is usually one-half hour after dismissal of the students. The building principal should approve any variations or problems with this.

SCHOOL DELAY OR CANCELLATION

If you believe the District where you are scheduled to work may have a delayed start or a calamity day, please refer to the school district's web site, local television, radio, internet, or other communication methods for the latest updates and announcements. You may also refer to the following pages and contact the school using the phone numbers provided.

I AM SICK – NOW WHAT?

If you as a substitute end up sick and cannot make it to your assigned job:

1. When a school utilizes Frontline's Absence Management, log in and cancel your job if you can.
 - a. Each school has different settings on how far in advance you can remove yourself from a job and some do not have this option at all. Familiarize yourself with each school's procedures.
2. Contact the school building that you are supposed to substitute at as soon as possible so that they may have time to find another substitute.
 - a. This task should be done *immediately* if a school does not utilize Frontline's AM
 - b. This task should be done right after you remove yourself from the job in AM

When subbing in an MRESC Classroom, follow the above procedures and the school building will contact the classroom supervisor.

DISTRICT WEBSITE ADDRESSES

- Ada Exempted Village School – www.adabulldogs.org
- Anna Local Schools – www.anna.k12.oh.us
- Apollo Career Center – www.apollocareercenter.com
- Bellefontaine City Schools – www.bellefontaine.k12.oh.us
- Benjamin Logan Local Schools – www.benlogan.k12.oh.us
- Botkins Local Schools – www.botkins.k12.oh.us
- Christian Academy – www.caseagles.org
- Fairlawn Local Schools – www.fairlawn.k12.oh.us
- Fort Loramie Local Schools – www.loramie.k12.oh.us
- Hardin Community School – www.hardincommunityschool.org
- Hardin-Houston Local Schools – www.hardinhouston.org
- Hardin Northern Local Schools – www.hn.k12.oh.us
- Holy Angels – www.holyangelscatholic.com
- Indian Lake Local Schools – www.indianlake.k12.oh.us
- Jackson Center Local Schools – www.jackson-center.k12.oh.us
- Kenton City Schools – www.kentoncityschools.org
- Lehman Catholic High School - www.lehmancatholic.com
- Discovery Center-Logan County DD - www.logancbdd.org
- Ohio Hi-Point Career Center – www.ohiohipoint.com
- Ridgemont Local Schools – www.ridgemont.k12.oh.us
- Riverside Local Schools – www.riverside.k12.oh.us
- Russia Local Schools – www.russiaschool.org
- Shelby Hills-Shelby DD – www.shelbydd.org
- Sidney City Schools – www.sidneycityschools.org
- Simon Kenton-Hardin DD – www.hardindd.org
- Upper Scioto Valley Local Schools – www.usv.k12.oh.us
- Upper Valley Career Center - www.uppervalleycc.org
- West Liberty-Salem Local School - www.wlstigers.org

SCHOOL FACTS

District Info	Building	Address	Phone
Ada EVS	K-12	725 W. North Ave., Ada, OH 45810	419-634-6421
Anna Local	MS / HS	1 McRill Way, Box 169, Anna, OH 45302	937-394-4251
	ES	607 N. Pike St., Anna, OH 45302	937-394-4251
Bellefontaine City	CO	820 Ludlow Rd., Bellefontaine, OH 43311	937-593-9060
	HS	555 E. Lake Ave., Bellefontaine, OH 43311	937-593-0545
	MS	1201 Ludlow Rd., Bellefontaine, OH 43311	937-593-9010
	IS	509 N. Park St., Bellefontaine, OH 43311	937-592-5646
	ES	1101 Ludlow Rd., Bellefontaine, OH 43311	937-599-4331
Benjamin Logan Local	CO	4740 Co. Rd. 26, Bellefontaine, OH 43311	937-593-9211
	HS	6609 St. Rt. 47 E., Bellefontaine, OH 43311	937-592-1666
	MS	4626 Co. Rd. 26, Bellefontaine, OH 43311	937-599-2386
	ES	4560 Co. Rd. 26, Bellefontaine, OH 43311	937-592-4838
Botkins Local	K-12	404 E. State St., Box 550, Botkins, OH 45306	937-693-4241
Christian Academy	K-12	2151 W. Russell Rd., Sidney, OH 45365	937-492-7556
Fairlawn Local	K-12	18800 Johnston Rd., Sidney, OH 45365	937-492-1974
Fort Loramie Local	CO	575 Greenback Rd, Box 26, Fort Loramie, OH 45845	937-295-3931
	HS	600 E. Park St, Box 290, Fort Loramie, OH 45845	937-295-3342
	ES	35 Elm St., Box 34, Fort Loramie, OH 45845	937-295-2931
Hardin Community School		400 Decatur St., Kenton, OH 43326	419-673-3210
Hardin County Board of DD		705 N. Ida St., Kenton, OH 43326	419-674-4158
(Simon Kenton)			
Hardin-Houston	K-12	5300 Houston Rd., Houston, OH 45333	937-295-3010
Hardin Northern Local	K-12	11589 St. Rt. 81, Dola, OH 45835	419-759-2331
Holy Angels	K-8	120 E. Water St., Sidney, OH 45365	937-492-9293
Indian Lake	HS	6210 St. Rt. 235 N., Lewistown, OH 43333	937-686-8851
	MS	8920 Co. Rd. 91, Lewistown, OH 43333	937-686-8833
	ES	8770 Co. Rd. 91, Lewistown, OH 43333	937-868-7323

District Info	Building	Address	Phone
Jackson Center Local	9-12	204 S. Linden St, Box 849, Jackson Center, OH 45334	937-596-6053
Lehman Catholic High School	9-12	2400 St. Marys Ave., Sidney, OH 45365	937-498-1161
Logan County Board of DD (Discovery Center)		1851 St. Rt. 57 W., Bellefontaine, OH 43311	937-592-0015
Ohio Hi-Point Career Center		2280 St. Rt. 540, Bellefontaine, OH 43311	937-599-3010
Ridgemont Local	K-12	560 West Taylor St., Mt. Victory, OH 43340	937-354-2441
Riverside Local	K-12	2096 Co. Rd. 24 S., DeGraff, OH 43318	937-585-5981
Russia Local	K-12	100 School St., Russia, OH 45363	937-526-3156
Shelby County Board of DD (Shelby Hills)		1200 S. Childrens Home Rd., Sidney, OH 45365	937-497-8155
Sidney City Schools	CO	750 S. Fourth St., Sidney, OH 45365	937-497-2200
	HS	1215 Campbell Rd., Sidney, OH 45365	937-497-2238
	MS	980 Fair Rd., Sidney, OH 45365	937-497-2225
	ES	Emerson Elementary 901 Campbell Rd., Sidney, OH 45365	937-497-2261
	ES	Longfellow Elementary 1250 Park St., Sidney, OH 45365	937-497-2264
	ES	Northwood Elementary 1152 St. Marys Ave., Sidney, OH 45365	937-497-2231
	ES	Whittier Elementary 425 Belmont St., Sidney, OH 45365	937-497-2275
	Alt	Sidney Alternative School 315 W. Russell Rd., Sidney, OH 45365	937-494-2003
Upper Scioto Valley	K-12	510 S. Courtright St. PO Box 305, McGuffey, OH 45859	419-757-3231
Upper Valley Career Center		8811 Career Drive, Piqua, OH 45356	937-778-1980
West Liberty Salem	K-12	7208 US Hwy 68 N., West Liberty, OH 43357	937-465-1095