

# 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:**

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

**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: <input type="checkbox"/> Penny <input type="checkbox"/> 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.

# Employee's Withholding Certificate

▶ **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.**

**2020**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (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, when to use the online estimator, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

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.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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.)

<b>Step 3: Claim Dependents</b>	If your 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 and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

### 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](http://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.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**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 these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead 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.** Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 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 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may 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
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. 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 Schedule 1 (Form 1040 or 1040-SR)). 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 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 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 Widow(er)**

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	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

**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
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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          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.")*

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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
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## 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
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	<p style="text-align: center;">OR</p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<p style="text-align: center;">AND</p> <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**





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

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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](http://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 \_\_\_\_\_

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## 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](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto: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: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

SINGLE  DIVORCED  
 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:*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administrative        | <input type="checkbox"/> Educational Aide | <input type="checkbox"/> Supplemental (Coach, Advisor, Etc.) |
| <input type="checkbox"/> Clerical/Secretarial  | <input type="checkbox"/> Food Service     | <input type="checkbox"/> School Board Member                 |
| <input type="checkbox"/> Custodial/Maintenance | <input type="checkbox"/> Transportation   | <input type="checkbox"/> 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 \_\_\_\_\_

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](http://www.mresc.org)

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## 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





## 2020~2021 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, 2020	August 7, 2020	August 7, 2020	1	23			
August 8, 2020	August 21, 2020	August 21, 2020	2	24	8/21	7/23-8/21	9/4/2020
August 22, 2020	September 4, 2020	September 4, 2020	3	1	9/4	8/22-9/4	9/22/2020
September 5, 2020	September 22, 2020	September 22, 2020	4	2	9/22	9/5-9/22	10/7/2020
September 23, 2020	October 7, 2020	October 7, 2020	5	3	10/7	9/23-10/7	10/22/2020
October 8, 2020	October 22, 2020	October 22, 2020	6	4	10/22	10/8-10/22	11/6/2020
October 23, 2020	November 6, 2020	November 6, 2020	7	5	11/6	10/23-11/6	11/20/2020
November 7, 2020	November 20, 2020	November 20, 2020	8	6	11/20	11/7-11/20	12/7/2020
November 21, 2020	December 7, 2020	December 7, 2020	9	7	12/7	11/21-12/7	12/22/2020
December 8, 2020	December 22, 2020	December 22, 2020	10	8	12/22	12/8-12/22	1/7/2021
December 23, 2020	January 7, 2021	January 7, 2021	11	9	1/7	12/23-1/7	1/22/2021
January 8, 2021	January 22, 2021	January 22, 2021	12	10	1/22	1/8-1/22	2/5/2021
January 23, 2021	February 5, 2021	February 5, 2021	13	11	2/5	1/23-2/5	2/22/2021
February 6, 2021	February 22, 2021	February 22, 2021	14	12	2/22	2/6-2/22	3/5/2021
February 23, 2021	March 5, 2021	March 5, 2021	15	13	3/5	2/23-3/5	3/22/2021
March 6, 2021	March 22, 2021	March 22, 2021	16	14	3/22	3/6-3/22	4/7/2021
March 23, 2021	April 7, 2021	April 7, 2021	17	15	4/7	3/23-4/7	4/22/2021
April 8, 2021	April 22, 2021	April 22, 2021	18	16	4/22	4/8-4/22	5/7/2021
April 23, 2021	May 7, 2021	May 7, 2021	19	17	5/7	4/23-5/7	5/21/2021
May 8, 2021	May 21, 2021	May 21, 2021	20	18	5/21	5/8-5/21	6/7/2021
May 22, 2021	June 7, 2021	June 7, 2021	21	19	6/7	5/22-6/7	6/22/2021
June 8, 2021	June 22, 2021	June 22, 2021	22	20	6/22	6/8-6/22	7/7/2021
June 23, 2021	July 7, 2021	July 7, 2021	23	21	7/7	6/23-7/7	7/22/2021
July 8, 2021	July 22, 2021	July 22, 2021	24	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 maybe faxed: 937-498-4850 or emailed to: tfeatheringham@mresc.org



# SUBSTITUTE TEACHER-AI DE 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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## CREDENTIALIALS

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 the following:
    - **Driver's License** OR Passport
    - Social Security Card (*required*)
- 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 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.

## 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: <https://go.boarddocs.com/oh/midesc/Board.nsf/Public?open&id=policies>.

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](http://www.ohioauditor.gov)

Ohio Ethics Law information can be found by going to the following link: [www.ethics.ohio.gov](http://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](http://www.adabulldogs.org)
- Anna Local Schools – [www.anna.k12.oh.us](http://www.anna.k12.oh.us)
- Apollo Career Center – [www.apollocareercenter.com](http://www.apollocareercenter.com)
- Bellefontaine City Schools – [www.bellefontaine.k12.oh.us](http://www.bellefontaine.k12.oh.us)
- Benjamin Logan Local Schools – [www.benlogan.k12.oh.us](http://www.benlogan.k12.oh.us)
- Botkins Local Schools – [www.botkins.k12.oh.us](http://www.botkins.k12.oh.us)
- Christian Academy – [www.caseagles.org](http://www.caseagles.org)
- Fairlawn Local Schools – [www.fairlawn.k12.oh.us](http://www.fairlawn.k12.oh.us)
- Fort Loramie Local Schools – [www.loramie.k12.oh.us](http://www.loramie.k12.oh.us)
- Hardin Community School – [www.hardincommunityschool.org](http://www.hardincommunityschool.org)
- Hardin-Houston Local Schools – [www.hardinhouston.org](http://www.hardinhouston.org)
- Hardin Northern Local Schools – [www.hn.k12.oh.us](http://www.hn.k12.oh.us)
- Holy Angels – [www.holyangelscatholic.com](http://www.holyangelscatholic.com)
- Indian Lake Local Schools – [www.indianlake.k12.oh.us](http://www.indianlake.k12.oh.us)
- Jackson Center Local Schools – [www.jackson-center.k12.oh.us](http://www.jackson-center.k12.oh.us)
- Kenton City Schools – [www.kentoncityschools.org](http://www.kentoncityschools.org)
- Lehman Catholic High School - [www.lehmancatholic.com](http://www.lehmancatholic.com)
- Discovery Center-Logan County DD - [www.logancbdd.org](http://www.logancbdd.org)
- Ohio Hi-Point Career Center – [www.ohiohipoint.com](http://www.ohiohipoint.com)
- Ridgemont Local Schools – [www.ridgemont.k12.oh.us](http://www.ridgemont.k12.oh.us)
- Riverside Local Schools – [www.riverside.k12.oh.us](http://www.riverside.k12.oh.us)
- Russia Local Schools – [www.russiaschool.org](http://www.russiaschool.org)
- Shelby Hills-Shelby DD – [www.shelbydd.org](http://www.shelbydd.org)
- Sidney City Schools – [www.sidneycityschools.org](http://www.sidneycityschools.org)
- Simon Kenton-Hardin DD – [www.hardindd.org](http://www.hardindd.org)
- Upper Scioto Valley Local Schools – [www.usv.k12.oh.us](http://www.usv.k12.oh.us)
- Upper Valley Career Center - [www.uppervalleycc.org](http://www.uppervalleycc.org)
- West Liberty-Salem Local School - [www.wlstigers.org](http://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 (Simon Kenton)		705 N. Ida St., Kenton, OH 43326	419-674-4158
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	937-497-2261
		901 Campbell Rd., Sidney, OH 45365	
	ES	Longfellow Elementary	937-497-2264
		1250 Park St., Sidney, OH 45365	
	ES	Northwood Elementary	937-497-2231
		1152 St. Marys Ave., Sidney, OH 45365	
	ES	Whittier Elementary	937-497-2275
		425 Belmont St., Sidney, OH 45365	
	Alt	Sidney Alternative School	937-494-2003
		315 W. Russell Rd., Sidney, OH 45365	
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