

FULL TIME PARAPROFESSIONAL CHECK OFF LIST

NAME: _____ SCHOOL: _____

FOR STAFF USE ONLY:

	In Set Up:	Checked by Staffing:
Two References		
Ethnicity Form		
I-9		
Social Security Card		
Picture ID (I-9 List B)		
W-4		
Direct Deposit		
Retirement Form		
Strategic Plan		
Drug Free Form		
Non-Discrimination		
Optional Pay		

VERIFY BEFORE SENDING TO HR TECH:

Updated Application		
Transcripts		
Fingerprint Form		
Background Check		
Para Pro Test		

PART-TIME PARAPROFESSIONAL
DOCUMENTATION REQUIRED FOR SET-UP APPOINTMENT

Signed Social Security Card

- ✓ State law requires agencies that collect Social Security Numbers (SSNs) to disclose the purpose for collecting the SSNs. Duval County Public Schools (DCPS) is allowed to collect SSNs when specially authorized by law to do so, or when the collection is imperative for the performance of the District's duties and responsibilities. Pursuant to Federal and State Laws, DCPS is collecting SSNs for the purposes of processing certification requirements, tax reporting, benefits eligibility, unemployment compensation, and background screening; **this collection is mandatory**. If a SSN is not provided, DCPS cannot complete the hiring process. DCPS will not disclose SSNs to anyone outside of the District except as authorized by law.
- ✓ **EVERYTHING MUST BE SIGNED EXACTLY AS YOUR TYPED NAME APPEARS ON YOUR SOCIAL SECURITY CARD.**
- ✓ If you do not have a social security card and/or need a name change, contact the Social Security Administration Office at 1-800-772-1213, www.socialsecurity.gov, or visit 7185 Bonneval Road, Ste. 1, Jacksonville, FL 32256 (1-877-409-8424) or 1685 Dunn Avenue, Jacksonville, FL 32218, (904-751-2169).

Two Professional References

Experience: submit a reference from each of your principals for the last two (2) years

No Experience: two references – one must be from your most recent supervisor

Direct Deposit Information (required)

- ✓ You must bring a voided check to your set-up appointment. If you do not have a voided check, a letter from your financial institution providing the Bank or Credit Union routing number with your account number will be acceptable. Temporary checks and deposit slips will not be acceptable.

Employment Eligibility Verification (I-9)

- ✓ Please bring acceptable identification as outlined on the back of the form.
- ✓ You **MUST** bring your social security card in addition to your I-9 documentation.

Fingerprint Information

- ✓ The fingerprinting fee is \$54.50 and **MUST BE PAID IN ADVANCE** at www.cogentid.com or by calling toll free 1-866-500-2347.
- ✓ **NO CASH, CREDIT CARDS, OR PERSONAL CHECKS WILL BE ACCEPTED AT YOUR SET- UP APPOINTMENT.**

Additional Forms (to be signed and dated)

- ✓ Ethnicity Form
- ✓ W-4 Tax Form
- ✓ Florida Retirement System Form
- ✓ Strategic Plan Form
- ✓ Drug-free Workplace Form
- ✓ Nondiscrimination and Harassment Policies Form
- ✓ SSA-1495

Your setup appointment will take approximately 1-2 hours.
Please make arrangements to stay for the entire appointment.
Children are not permitted.



In order to comply with federal reporting requirements, every school district in Florida is required to report to the Florida Department of Education each employee's race and ethnicity on an annual basis. The Florida Department of Education does not report individual data to the federal government but does report the total number of educational staff in various categories in each school.

The federal government recently changed the reporting categories for race and ethnicity and all staff members are asked to update their information. With the new reporting categories, individuals can identify themselves by ethnic group (either Hispanic/Latino or non Hispanic/Latino) **and** by one or more racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White). The decision regarding an employee's ethnic or racial designation should be determined solely by the individual. Guidance regarding the categories is provided in the survey.

Name: _____

School/Department: _____

Date of Birth: _____

Gender: Male _____ Female _____

1. Are you Hispanic or Latino? (Select one from this category)

_____ No, not Hispanic or Latino

_____ Yes, Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

AND

2. What is your race? (Please choose one or more racial groups)

_____ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

_____ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ Black or African American – A person having origins in any of the black racial groups of Africa.

_____ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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	E-mail Address			Telephone Number		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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):

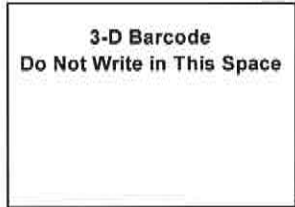
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
			Duval County Public Schools	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
1701 Prudential Drive		Jacksonville	FL	32207

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print 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	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For 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 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of 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

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

DCPS FINGERPRINT INFORMATION – Please Print

Registration ID #FE _____

NAME (as it appears on social security card):

***SOCIAL SECURITY NUMBER:** _____

DATE OF BIRTH: _____
YYYY/MM/DD

CURRENT ADDRESS (no PO Box): _____

City	State	Zip
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Reason for fingerprinting (Please choose one):

<input type="checkbox"/> ADMINISTRATOR <small>(Title)</small>	<input type="checkbox"/> TEACHER	<input type="checkbox"/> PARA	<input type="checkbox"/> CIVIL SERVICE <small>(Title)</small>
<input type="checkbox"/> COACH (sports)	<input type="checkbox"/> COMM ED	<input type="checkbox"/> EXT DAY	<input type="checkbox"/> FOODSERVICE
<input type="checkbox"/> CIS			

<input type="checkbox"/> FULL-SERVICE SCHOOL	<small>(Company Name)</small>	<input type="checkbox"/> INTERN	<small>(College/University Name)</small>
<input type="checkbox"/> BUS	<small>(Circle One)</small> Durham First Student Student Transportation of America	<input type="checkbox"/> CHARTER SCHOOL	<small>(Circle One)</small> Certificated Non-Certificated <small>(Charter School Name)</small>
<input type="checkbox"/> TEAM UP	<small>(Provide Name)</small>	<input type="checkbox"/> OTHER	<small>(Specify)</small>

*State law requires agencies that collect Social Security Numbers (SSNs) to disclose the purpose for collecting the SSNs. Duval County Public Schools (DCPS) is allowed to collect SSNs when specially authorized by law to do so, or when the collection is imperative for the performance of the District’s duties and responsibilities. Pursuant to Federal and State Laws, DCPS is collecting SSNs for the purposes of processing certification requirements, tax reporting, benefits eligibility, unemployment compensation, and background screening; **this collection is mandatory**. If a SSN is not provided, DCPS cannot complete the hiring process. DCPS will not disclose SSNs to anyone outside of the District except as authorized by law.

Background results are for use by Duval County Public Schools only. Reports can’t be released to third parties, including the employee.

FOR OFFICIAL USE ONLY:

Fingerprint Tech (initials): _____ Date: _____

ID Provided: _____ Yes _____ No *revised 11/01*

Form W-4 (2013)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional 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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 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 below. 	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2013</div>
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2013, 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.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or surviving spouse} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2013 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,900 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not 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 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. 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 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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 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.

**DUVAL COUNTY PUBLIC SCHOOLS
DIRECT DEPOSIT AUTHORIZATION FORM**

PN _____ POSITION _____ RC# _____

EMPLOYEE NAME _____

EMPLOYEE ADDRESS _____

CHECK ONE: NEW APPLICATION _____ CHANGE _____

I hereby authorize Duval County Public Schools and the financial institution listed below to automatically deposit my net pay to:

BANK NAME: _____

BANK ADDRESS: _____

BANK ROUTING NO. _____ BANK TELEPHONE NO. _____

BANK ACCOUNT NO. _____ CHECK ONLY ONE: _____ Checking
_____ Savings

If I am not entitled to funds deposited into my account, I authorize the reversal of these funds. I understand that I will continue to receive a paycheck during the prenotification period and until such time as the Duval County Public Schools can implement this direct deposit authorization. This normally takes two payroll cycles. This authority is to remain in effect until I elect to change my financial institution or until separation of employment with the Duval County Public School System. Duval County Public Schools reserves the right to pay by payroll check in lieu of direct deposit when paying terminal leave or when unforeseen or emergency conditions arise. It is the employee's responsibility to review their pay statement to verify whether payment is by check or direct deposit.

EMPLOYEE SIGNATURE DATE

INSTRUCTIONS:

FOR CHECKING ACCOUNT DEPOSITS: Attached a voided check with your imprinted name. The voided check must reflect your name. If you do not have a voided check, a letter from your financial institution providing the Bank or Credit Union routing/transit number with your account number will be acceptable. Temporary checks and deposit slips will not be accepted.

FOR SAVINGS ACCOUNT DEPOSITS: A letter from your financial institution providing your account number and the bank routing and transit number.

THIS SPACE PROVIDED FOR VOIDED CHECK

FOR PAYROLL USE ONLY:

REC'D BY PAYROLL _____ DATE ENTERED _____ DATE TO BEGIN _____

Florida Retirement System (FRS) - Certification Form

This form is **not** an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous or Current FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

- FRS Pension Plan (incl. DROP) FRS Investment Plan State University System Optional Retirement Program (SUSORP)
 State Community College Optional Retirement Program (SCCORP) Senior Management Service Optional Annuity Program (SMSOAP)
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

SIGNATURE

DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was _____.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.

DCPS STRATEGIC PLAN

Adopted 2013

VISION: Every student is inspired and prepared for success in college or a career, and life.

MISSION: To provide educational excellence in every school, in every classroom, for every student, every day.

Core Values

Excellence.

We expect the highest standards throughout our organization from the School Board and Superintendent to the student.

Integrity.

We foster positive relationships based on mutual respect, transparency, honesty, and the consistent demonstration of actions.

Innovation.

We create dynamic systems and processes that solve problems and overcome challenges.

Equity.

We promote an environment that ensures equal opportunity, honors differences, and values diversity.

Collaboration.

We are a community of individuals who share a collective responsibility to achieve our common mission.

Goals

Develop Great Educators and Leaders

Strategies

- Provide teachers and students with the tools and resources necessary to meet the demands of the Common Core Standards and students' individual needs.
- Recruit, employ, and retain high quality, diverse teachers, instructional leaders, and staff.
- Provide ongoing professional learning and support to develop all teachers, instructional leaders, and staff.

Engage Parents, Caregivers, & Community

Strategies

- Establish and sustain a culture that is collaborative, transparent, and child-centric.
- Create a welcoming, respectful, and responsive environment for all stakeholders that leads to open lines of communication.
- Expand partnerships and ensure alignment between district strategic plan and community, government, non-profit, and business initiatives.

Ensure Effective, Equitable, & Efficient Use of Resources

Strategies

- Ensure the use of district funds is transparent, strategic, and aligned.
- Distribute district-wide programs and resources in an equitable manner.
- Deploy information technology that supports the academic needs of all students, teachers, and staff.

Develop the Whole Child

Strategies

- Facilitate and align effective academic, health, and social-emotional services for students based on needs.
- Address the needs of all students with multiple opportunities for enrichment.
- Encourage positive behavior, respect towards others, and ensure safe environments throughout the school district.

I, _____, (print name) acknowledge my commitment to this Strategic Plan and understand that as an employee of the Duval County Public Schools, I am accountable with all other staff members for the realization of these goals.

Signature

Date

DRUG-FREE WORKPLACE POLICY

No employee of the Duval County School Board shall unlawfully manufacture, distribute, dispense, or possess or use on/or in the workplace any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance, as defined in schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 C.F.R. 1300.11 through 13000.15.

“Workplace is defined to mean the site for the performance of work done on School Board property. That includes any school building or other premises owned by the School Board; any school-owned vehicle used to transport students to and from school or school activities; off school property during any school-sponsored or school-approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction of the school district.”

As a condition of employment by the Duval County School Board, each employee shall self-report within 48 hours to appropriate authorities (as determined by district) any arrests/charges involving the sale and/or possession of a controlled substance. Florida Statutes: Sections 943.0585(4)(c) and 943.059(4)(c).

As a condition of employment by the Duval County School Board, each employee shall abide by the terms of the School Board’s policy respecting a drug-free workplace.

An employee who violated the terms of this policy may be non-renewed or his or her employment may be suspended or terminated, at the discretion of the Board, and in accordance with all School Board rules, collective bargaining agreement, and all local, state and federal law.

I have read the Drug-Free Workplace Policy for the Duval County Public School Board and understand that as a condition of employment, I must abide by this policy.

Print Name

Signature

Date

NONDISCRIMINATION/HARASSMENT POLICIES

Duval County Public Schools (DCPS) believes that education should be provided in an atmosphere where differences are understood and appreciated, and where all persons are treated fairly and with respect – free from discrimination, harassment and threats of violence or abuse. In addition, intimidation, threats, coercion or retaliation are strictly prohibited against anyone who asserts a right protected by civil rights laws (i.e., files a complaint). Anyone who believes s/he has been intimidated or retaliated against as a result of filing a complaint or being involved in any way with an investigation conducted by the District’s Office of Equity and Inclusion/Professional Standards can file a complaint with that office.

DCPS has policies and procedures in place to protect its employees, students and anyone associated with the District from discrimination, harassment, sexual harassment or retaliation. It prohibits discrimination based upon race, color, gender, age, religion, marital status, disability, sexual orientation, political or religious beliefs, national or ethnic origin, veteran status, or any other distinguishing physical or personality characteristics. The full civil rights School Board policies are posted on its website at www.duvalschools.org and can be found in CHAPTER 10.0 (Anti-Discrimination and Harassment) of the manual.

Statement Regarding Non-discrimination and Harassment Policies

I have read and understand the foregoing information regarding DCPS’ policies regarding discrimination, harassment, sexual harassment and retaliation. I agree to abide by these policies and conduct myself accordingly. I further understand that if, after an investigation conducted by the Office of Equity and Inclusion, or other designated person/office, it is found that I have violated these policies; I may be subject to discipline under DCPS’ Progressive Discipline Policy, including suspension without pay and/or termination.

I further acknowledge and understand that I am required to complete two online courses entitled “Valuing Diversity” and “Preventing Sexual Harassment for Employees.” I understand that both courses are to be completed within three months of my hire date. Failure to comply with this requirement may also subject me to discipline under DCPS’ Progressive Discipline Policy.

Name (Printed)

Signature

Date

You may contact the Office of Equity and Inclusion/Professional Standards at 390-2181 if you have any questions or require further clarification about these policies or the types of speech and conduct that may constitute discrimination and/or harassment. Please contact Professional Development at 348-7807 for guidance with regard to accessing the online courses “Valuing Diversity” and “Preventing Sexual Harassment for Employees” which need to be completed within three months of your hire date.

EMPLOYEE COPY - NONDISCRIMINATION/HARASSMENT POLICIES

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To access the training:

Access internet and type: duval.howtomaster.com (do NOT include http: or www)

Type in your user name (8 digit EIN), example: 00001234

The password is password

- You must complete the two tutorial modules (Training Guide and Testing Guide) before you can access the trainings.
- After completing the tutorials, click on link: **MY COURSES—LIBRARY-Soft Skills-TRACK-Human Resources** and proceed to the two courses. There are two versions of the course on sexual harassment. If you supervise other employees, it is recommended that you take the course for managers.
- You can start a course and complete it when time permits (the courses do not have to be completed all at once).
- You can access these courses from any computer (home, mobile, library, etc.).

You may contact the Office of Equity and Inclusion/Professional Standards at 390-2181 if you have any questions or require further clarification about these policies or the types of speech and conduct that may constitute discrimination and/or harassment. Please contact Professional Development at 348-7807 for guidance with regard to accessing the online courses “Valuing Diversity” and “Preventing Sexual Harassment for Employees” which need to be completed within three months of your hire date.