

# SUBSTITUTE TEACHER APPLICATION

To qualify as a Substitute Teacher, an applicant must:

1. Have earned at least a high school diploma
2. Be at least 21 years of age
3. Be of good moral character
4. Be physically able to perform the duties of a substitute teacher
5. Be accessible by telephone and available for service
6. File a completed Substitute Teacher Application packet that includes:
  - completed application with signature
  - three (3) references from previous employers
  - required tuberculin test/evaluation
  - criminal record check
  - completed set of fingerprints for background check
  - completed social services background check
  - completed Form W-4
  - completed Form VA-4
  - completed I-9 Form
  - completed direct deposit form with attached deposit slip or voided check
  - copy of high school diploma and/or 4-year college degree
7. Must be approved by the school board
8. Must attend an in-service training that is provided by the division



## FRANKLIN COUNTY PUBLIC SCHOOLS

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### Office of Superintendent

25 Bernard Road • Rocky Mount, VA 24151-6614  
(540) 483-5138 • FAX (540) 483-5806

Dear Sir or Madam:

Thank you for your request for a substitute teacher application.

The following documents are attached:

1. an application, which must be signed by you
2. a TB form (all new employees must have a TB screening; however, if you have had one within the last year, a copy can be sent to us);
3. a set of VA-4 & W-4 forms that must be completed, signed, and dated;
4. an I-9 form that all new employees must have on file; please complete Section 1 of the I-9 form and bring it to the School Board Office to have an authorized person fill in Section 2 of the form. Please note that documents to establish your identity must be examined and certified by an authorized person. You must have with you a document from **List A** or a document from both **List B and List C** on the attached form.
5. a direct deposit enrollment/change form that must be completed, signed, dated and a voided check or deposit slip attached to the form.
6. a copy of your high school diploma and/or 4-year college degree or transcripts

Substitute teachers must be high school graduates or have the equivalent of same, and must be at least 21 years of age. The pay per day is \$70 without a degree or \$85 with a degree. The pay per day for long-term substitutes with a degree (20 days or more in succession in one position) is \$125 and without a degree is \$80. Long-term pay applies only to substitutes employed for classroom teachers. After retirees have completed their allotted days under their program, their pay will be \$140 per day for long-term substitutes (20 days or more in succession in one position).

Our School Board meets the second Monday of each month. It is necessary for you to have all forms completed, signed, dated, and returned to this office no later than the Monday preceding the School Board Meeting. **You will need to contact me at (540) 483-5138 to schedule an appointment to submit all required paperwork.** When you bring these forms to this office, you will be fingerprinted for the background investigation mentioned on the application. A Virginia Department of Social Services Request Form (child abuse/neglect investigation) will need to be completed also. Listed below are checks that need to be brought in with the completed application packet:

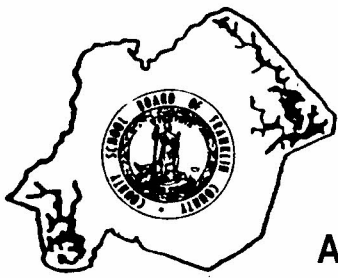
- \$20 *certified check or money order* made payable to Franklin County Public Schools for the Criminal Record Check (finger printing)
- \$10 *certified check or money order* made payable to Virginia Department of Social Services for the Social Services Request

We **cannot** accept cash or personal checks for either of these searches.

If you need further information, please feel free to contact me.

Sincerely,

Teresa C. Witcher  
Administrative Assistant



**FRANKLIN COUNTY PUBLIC SCHOOLS**  
 25 Bernard Road - Peggy S. Love Administration Building  
 Rocky Mount, Virginia 24151

**APPLICATION FOR POSITION OF SUBSTITUTE TEACHER**

Date: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Full legal name as it appears on your Social Security Card:

\_\_\_\_\_

Last                      First                      Middle                      (Maiden Name)                      Birthdate (Must be at least 21)

Current Address:

Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_ Other No. where you may be reached \_\_\_\_\_

EDUCATIONAL TRAINING (begin with high school):

| School / College/ University | Location | Attended From / To | Degree (if applicable) | Major (if applicable) |
|------------------------------|----------|--------------------|------------------------|-----------------------|
|                              |          |                    |                        |                       |
|                              |          |                    |                        |                       |
|                              |          |                    |                        |                       |

Are you interested in long-term substituting (20 days or more in succession)? Yes \_\_\_ No \_\_\_

Are you interested in serving as a teacher of homebound students? Yes \_\_\_ No \_\_\_

Do you hold a Virginia teaching license? Yes \_\_\_ No \_\_\_ If yes, expiration date \_\_\_\_\_

Type of license and endorsement(s) \_\_\_\_\_

EXPERIENCE (include educational and other work experience)

Name of School / Company / Business \_\_\_\_\_

Address \_\_\_\_\_

Name of Principal / Supervisor \_\_\_\_\_

Job Description \_\_\_\_\_

Dates Employed (month / year) From \_\_\_\_\_ To \_\_\_\_\_ Number of Years \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of School / Company / Business \_\_\_\_\_

Address \_\_\_\_\_

Name of Principal / Supervisor \_\_\_\_\_

Job Description \_\_\_\_\_

Dates Employed (month / year) From \_\_\_\_\_ To \_\_\_\_\_ Number of Years \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of School / Company / Business \_\_\_\_\_

Address \_\_\_\_\_

Name of Principal / Supervisor \_\_\_\_\_

Job Description \_\_\_\_\_

Dates Employed (month / year) From \_\_\_\_\_ To \_\_\_\_\_ Number of Years \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

REFERENCES (Please indicate below the names of three references. Please indicate the name(s) of persons under whom you have been employed for the last three (3) years, beginning with the most recent experience. If we are not to contact your present employer, please so indicate.

| Name of Reference | Address and Telephone Number | Contact (Yes/No)   |
|-------------------|------------------------------|--------------------|
|                   |                              | Yes _____ No _____ |
|                   |                              | Yes _____ No _____ |
|                   |                              | Yes _____ No _____ |

ADDITIONAL INFORMATION

1. Do you have relatives presently working for the Franklin County Public Schools? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, relationship \_\_\_\_\_ Position \_\_\_\_\_ Work Place \_\_\_\_\_

2. Have you ever been fired from a job? Yes \_\_\_\_\_ No \_\_\_\_\_ If your answer is yes, for each such instance, identify the employer by name, address and phone number, the date, and the reason(s) you were fired. \_\_\_\_\_

Have you ever resigned your employment to avoid being fired for performance issues or misconduct?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If your answer is yes, for each such instance, identify the employer by name, address and phone number, the date, and the reason(s) you expected to be fired. \_\_\_\_\_

Have you ever been convicted of a felony (this includes guilty pleas)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime (other than a misdemeanor traffic offense), or plead guilty or no contest (nolo contendere) to such a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If your answer is yes, identify each crime and the court where you were convicted or where you entered your plea. \_\_\_\_\_

3. Have you ever been charged with, convicted of, or plead guilty to a crime (felony or misdemeanor) which in any way involved a student or a minor (someone under the age of 18) or which involved any type of claim of sexual misconduct?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If your answer is yes, identify each crime and the court where you were convicted or where you entered your plea. \_\_\_\_\_

4. Are there any criminal charges currently pending against you (other than a misdemeanor traffic offense)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If your answer is yes, identify each crime for which you have been charged and the court where the charges are pending. \_\_\_\_\_

5. Have you ever been the subject of an investigation by, or a complaint to a state, federal or a local government agency that involved your actions as a teacher or as an employee of a school that resulted in disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_ If your answer is yes, identify each such situation, including the date, the school and the government agency involved, and the outcome of the investigation or complaint. \_\_\_\_\_

6. For purposes of compliance with Section 40.1-11.1 of the *Code of Virginia*, entitled "Employment of Illegal Immigrants," are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

7. According to Virginia law, a division must conduct a background investigation. Your signature gives us the authority to conduct such investigations as deemed necessary.

\_\_\_\_\_  
 Legal Signature of Applicant

\_\_\_\_\_  
 Date

Franklin County Public Schools is an equal opportunity employer.

# FRANKLIN COUNTY PUBLIC SCHOOLS

25 Bernard Road  
Rocky Mount, Virginia 24151

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## Physician's Certificate for Public School Employees

The Virginia Code requires:

22.1-300. Tuberculosis certificate.—As a condition to employment, every public school employee, including without limitation teachers, cafeteria workers, janitors and bus drivers, shall submit a certificate signed by a licensed physician stating that such employee appears free of communicable tuberculosis. Such certificate shall be based on recorded results of such skin tests, x-rays and other examinations, singly or in combination, as are deemed necessary by the physician that have been performed within the twelve months' period immediately preceding submission of the certificate.

|                        |                               |                                 |
|------------------------|-------------------------------|---------------------------------|
| _____                  | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name of Employee       |                               |                                 |
| _____                  | _____                         |                                 |
| Social Security Number | Date of Birth                 |                                 |
| _____                  | _____                         |                                 |
| School Assigned        | Position                      |                                 |
| _____                  |                               |                                 |
| Name of Physician      |                               |                                 |
| _____                  |                               |                                 |
| Address                |                               |                                 |
| _____                  | _____                         |                                 |
| Date                   | Physician's Signature         |                                 |

# 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

|          |  |                |
|----------|--|----------------|
| <b>A</b> | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .  | <b>A</b> _____ |
| <b>B</b> | Enter "1" if:<br><ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>  | <b>B</b> _____ |
| <b>C</b> | Enter "1" for your <b>spouse</b> . 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.) . . . . .  | <b>C</b> _____ |
| <b>D</b> | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> _____ |
| <b>E</b> | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .  | <b>E</b> _____ |
| <b>F</b> | Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .   | <b>F</b> _____ |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br><ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children.</li> <li>• 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 . . . . .</li> </ul> | <b>G</b> _____ |
| <b>H</b> | Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶  | <b>H</b> _____ |

For accuracy, complete all worksheets that apply.   

- 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 <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service  | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p> | OMB No. 1545-0074<br><h1 style="margin: 0;">2013</h1>   |
| 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.<br><b>Note.</b> 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)   |   | 5 _____   |
| 6 Additional amount, if any, you want withheld from each paycheck  |   | 6 \$ _____  |
| 7 I claim exemption from withholding for 2013, and I certify that I meet <b>both</b> of the following conditions for exemption.<br><ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 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 *Converting Credits to Withholding Allowances for 2013 Form W-4* 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 <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> 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.

# FORM VA-4

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" .....
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" .....
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
  - (a) If you will be 65 or older on January 1, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" .....
6. Exemptions for blindness
  - (a) If you are legally blind, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" .....
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7 .....

Detach here and give the certificate to your employer. Keep the top portion for your records

### FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

|                             |       |          |  |
|-----------------------------|-------|----------|--|
| Your Social Security Number | Name  |          |  |
| Street Address              |       |          |  |
| City                        | State | Zip Code |  |

**COMPLETE THE APPLICABLE LINES BELOW**

1. If subject to withholding, enter the number of exemptions claimed on:
  - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
  - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet .....
  - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here)

Signature \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.



**FORM VA-4 INSTRUCTIONS**

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

**PERSONAL EXEMPTION WORKSHEET**

**You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.**

- Line 1. You may claim an exemption for yourself.
- Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.
- Line 3. Enter the number of dependents you are allowed to claim on your income tax return.  
**NOTE:** A spouse is not a dependent.
- Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).
- Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

**FORM VA-4**

Be sure to enter your social security number, name and address in the spaces provided.

- Line 1. If you are subject to withholding, enter the number of exemptions from:
  - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
  - (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
  - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet
- Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.
- Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.
  - (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
  - (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

|                                      | Taxable Years<br>2005, 2006<br>and 2007 | Taxable Years<br>2008 and<br>2009 | Taxable Years<br>2010 and<br>2011 | Taxable Years<br>2012 and<br>Beyond |
|--------------------------------------|---|-----------------------------------|-----------------------------------|-------------------------------------|
| Single                               | \$7,000                                 | \$11,250                          | \$11,650                          | \$11,950                            |
| Married                              | \$14,000                                | \$22,500                          | \$23,300                          | \$23,900                            |
| Married, filing a separate<br>return | \$7,000                                 | \$11,250                          | \$11,650                          | \$11,950                            |

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
  - (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.
- Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.



# 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 ( <i>Family Name</i> )          |  | First Name ( <i>Given Name</i> ) |             | Middle Initial | Other Names Used ( <i>if any</i> ) |                   |
| Address ( <i>Street Number and Name</i> ) |  |                                  | Apt. Number | City or Town   |                                    | State<br>Zip Code |
| Date of Birth ( <i>mm/dd/yyyy</i> )       | U.S. Social Security Number<br>[ ]-[ ]-[ ] | E-mail Address                   |             |                | Telephone Number                   |                   |

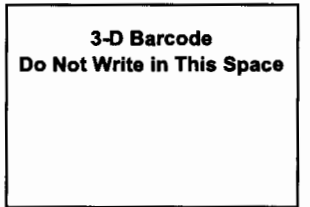
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

- 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 ( <i>mm/dd/yyyy</i> ): |
|------------------------|-----------------------------|

**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 ( <i>mm/dd/yyyy</i> ):      |                   |
| Last Name ( <i>Family Name</i> )          |  | First Name ( <i>Given Name</i> ) |                   |
| Address ( <i>Street Number and Name</i> ) |  | City or Town                     | State<br>Zip Code |



**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<br>Identity and Employment Authorization | OR | List B<br>Identity  | AND | List C<br>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;"> <p><b>3-D Barcode<br/>Do Not Write in This Space</b></p> </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       |          |
| Employer's Business or Organization Address (Street Number and Name) |  | City or Town            | State  | Zip Code |

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

|  |   |
|--|---|
| A. New Name (if applicable) 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<br>Documents that Establish<br>Both Identity and<br>Employment Authorization  | LIST B<br>Documents that Establish<br>Identity<br><br>AND   | LIST C<br>Documents that Establish<br>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> | <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> | <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> |

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.**

**Franklin County Public Schools  
Direct Deposit Enrollment/Change Form**

**BEGINNING WITH THE 2010-11 SCHOOL YEAR DIRECT DEPOSIT WILL BE MANDATORY FOR ALL NEW EMPLOYEES.**

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ EMP # \_\_\_\_\_

School/Department \_\_\_\_\_

Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ (Check if new address )

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize Franklin County Public Schools to electronically deposit my monthly payroll check to my account at the financial institution(s) shown below.

This is a  new enrollment  change to existing direct deposit information

**Main Bank Account**

Name of Financial Institution: \_\_\_\_\_

Checking  or Savings

Account #: \_\_\_\_\_

Employees may deposit to more than one bank. Additional banks I wish to have part of my net pay deposited to:

**Additional Bank Account Information if depositing to more than one institution or account:**

Name of Financial Institution: \_\_\_\_\_

Checking  or Savings  Amount of Deposit \_\_\_\_\_

Account #: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Checking  or Savings  Amount of Deposit \_\_\_\_\_

Account #: \_\_\_\_\_

**A VOIDED CHECK OR FORM ISSUED BY BANKING INSTITUTION MUST BE ATTACHED CLEARLY STATING BANK ROUTING # AND ACCOUNT # FOR EACH BANK ACCOUNT IN WHICH A DEPOSIT IS BEING MADE, DEPOSIT SLIPS WILL NOT BE ACCEPTED.**

I understand that it is my responsibility to notify the payroll office if any of the above information changes. I also understand that changes to the above information must be received by the payroll office no later than the 15<sup>th</sup> of the month in which the change is to take place.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date