

New Hire Packet

Instructional & Administrative Employees



1769 East Moody Blvd ■ Bunnell, FL 32110
Telephone (386) 586-2391 or (386) 437-7526 ■ Fax (386) 586-2396
www.flaglerschools.com



Flagler County Schools
Human Resources Department
Authorization to Fingerprint

All employees in the Flagler Public School District are required to be fingerprinted prior to beginning work and receiving a paycheck. **Pay is not initialized until the fingerprints are submitted and cleared and all paperwork is completed.**

Fingerprints will be taken by the Flagler County Public Schools Human Resources Department located at the Government Services Building (1769 East Moody, Bldg. #2, Bunnell, FL).

FINGERPRINTING HOURS OF OPERATION		
Time of Year	Days	Hours
School Year	M,W,F	8:00 am – 12:00 pm 1:00 pm – 3:30 pm
	T, TH	8:00 am – 12:00 pm 1:00 – 4:30 pm
Summer	M-F	8:00 am – 12:00 pm 1:00 pm – 3:30 pm

When you come to be fingerprinted, bring the following:

- ✓ **Fingerprint Authorization Form** filled out.
- ✓ **The confirmation number you will receive when you pay by phone** (toll free) or **by internet**.

The cost is **Fifty-seven dollars and twenty-five cents (\$57.25)**. Acceptable forms of payment are:

- *Credit or Debit Card* – You may pay **by phone, call 877.357.7456 OR via internet at www.flprints.com**. You will be issued a confirmation number and must bring that number when you get fingerprinted. Payments should be made **PRIOR** to coming to the office.
- *Money Order* – Make payable to “**Fingerprinting Services**”



Flagler County Schools
Human Resources Department
Authorization to Fingerprint

Fingerprint Information

Name _____
Last First Middle

Social Security Number: ____-____-____ US Citizen: Yes No

Aliases AKA _____

Date of Birth _____ Place of Birth _____
Month/Day/Year

Race: Asian Black White Native American Unknown

Sex: Male Female

Hair Color: _____ Eye Color: _____

Height: ____ft. ____in. Weight: _____ pounds

Missing Digits (fingers): _____

Address: _____

Phone Number: _____

Money Order: Bank _____ # _____

Credit Card Confirmation # _____ Date _____ Init _____

Fingerprinted by : _____
(Initials)

Form W-4 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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-earner/multiple job 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<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	_____
{	<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. 	}				
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 \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____			
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <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 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 (\$25,000 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>				{	<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 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 (\$25,000 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. 	}
{	<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 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 (\$25,000 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. 	}				

----- Cut 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 2009
1 Type or print 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)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, 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 (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, claim certain credits, adjustments to income, or an additional standard deduction

- 1** Enter an estimate of your 2009 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. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ _____
- 2** Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$ _____
\$ 8,350 if head of household					
\$ 5,700 if single or married filing separately					
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2009 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 \$3,500 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 \$50,000 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 4–9 below to calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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 using it 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.

Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)
--	-----------------------



Flagler County Schools
Human Resources Department
Loyalty Oath

LOYALTY OATH

STATE OF FLORIDA
COUNTY OF FLAGLER

I, _____, being employed by or as an officer of the
(Print Name)

Flagler County School District and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and the State of Florida.

(Signature of Applicant)

State of Florida, County of _____. Sworn and subscribed before me this ____ day of _____, 20____, by _____ who is personally known to me or who has produced as identification _____.

Signature of Notary Public

Typed, Printed or Stamped Notary

My Commission Expires
Number

Notary Public Commission



Flagler County Schools
Human Resources Department
Direct Deposit Authorization

I (we) hereby authorize the Flagler County District School Board, herein after called COMPANY, to initiate credit entries and/or correction entries to our:

Checking

Savings

account indicated below at the depository named below, herein called DEPOSITORY, to credit the same such account.

Depository Name: _____

Depository Branch: _____

City: _____

State: _____

Bank Transit/ABA Number: _____

Account Number: _____

This authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

Name: _____

Social Security # _____

Signature: _____ Date: _____

Signature: _____ Date: _____

A VOIDED CHECK MUST BE ATTACHED



Flagler County Schools Human Resources Department

New Employee Data Form

Name: _____	
School/Dept: _____	Job Title: _____
Address: _____	
City: _____ State: ____ Zip: _____ Phone: _____	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate: _____
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Pac Islander <input type="checkbox"/> Native American	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	
Does your spouse work for the Flagler County School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what is his or her name? _____	
Emergency Contact: _____ Number: _____	

Education & Experience (If applicable)

Type of Degree: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate
Major: _____
Total Years of Teaching Experience: _____
of Years Teaching in Florida Public Schools _____ # Yrs in Florida Non-Public _____
of Yrs Teaching in Out of State Public Schools _____
Yrs Out of State Non-Public Schools _____
Do you hold a Florida Teaching Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subject Area(s) of Certification _____
Type of Certificate: <input type="checkbox"/> Professional <input type="checkbox"/> Temporary <input type="checkbox"/> Statement of Eligibility <input type="checkbox"/> Applied



Flagler County Schools
Human Resources Department
Certificate of Agreement

I do hereby certify that I have received and read the following:

- ✓ The Code of Ethics and the Principles of Professional Conduct of the Education Profession in Florida.
- ✓ The Flagler County School Board Drug-Free Workplace Program and Policy regarding substance abuse.
- ✓ Family Medical Leave (FMLA) policy.
- ✓ Sexual Harassment Policy

Printed Employee Name

Employee Signature

Date



Florida Retirement System (FRS) - New Employee Certification Form

This is **not** an enrollment form. An FRS Retirement Choice kit will be mailed to your home with an enrollment form.

Name _____ SSN _____

Agency Name _____

Previous 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. Indicate your previous State of Florida administered retirement plan **and** complete Section III or IV.

FRS Pension Plan (incl. DROP)

TRS

Other¹

FRS Investment Plan

SCOERS

III. I am **not retired**² from any State of Florida administered retirement plan nor have I concluded participation in the Deferred Retirement Option Program (DROP) within the past 12 months or received my first distribution or rollover from the FRS Investment Plan within the last 6 calendar months. I understand that if it is later determined that I have violated the termination or reemployment provisions of the FRS, I **must repay** any benefits received. **My employer may also be liable for repaying any benefits I have received.**

SIGNATURE

DATE

IV. I am **retired**² from the Florida Retirement System. The effective date of my retirement or conclusion of DROP from the Pension Plan, or first distribution from the FRS Investment Plan was _____.

I understand that as a Pension Plan retiree²:

a. If I am employed by an FRS employer in any type of position (OPS, temporary, seasonal, part-time, full-time, or regularly established position) during the **first calendar month** after I retired or ended my participation in DROP, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**³, and I must reapply for retirement benefits before my retirement will be effective.

b. If I am reemployed at any time during the 2nd through the 12th months after my retirement or conclusion of DROP, my monthly retirement benefit **must be suspended**³ during these months of my retirement, unless I am eligible for one of the reemployment exemptions/exceptions provided by law.

I understand that as an Investment Plan retiree²:

a. If I am employed by an FRS employer in any type of position (OPS, temporary, seasonal, part-time, full-time, or regularly established position) 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 at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional Investment Plan distributions³ until I terminate employment or complete 12 calendar months of retirement, unless I am eligible for one of the reemployment exemptions/exceptions provided by law.

SIGNATURE

DATE

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, non-FRS plans are available to certain State University (i.e., SUSORP), Community College (i.e., CCORP) and State Senior Management Class (i.e., SMSOAP) employees. Contact your employer for deadline and other information.

²You are retired if you are receiving monthly benefits under the FRS Pension Plan or have taken any distribution (including a rollover) under the FRS Investment Plan or optional non-FRS plans (e.g. CCORP, SUSORP, or SMSOAP).

³The Division of Retirement and the Investment Plan Administrator have the right to request a return of distributions received in violation of the reemployment provisions.



Flagler County Schools
Human Resources Department
Worker's Compensation Acknowledgement

This will acknowledge that I have been provided the Employee Information Packet regarding worker's compensation at my school district.

This Employee Information contains the following topics:

- What medical care am I entitled to?
- How does the process work?
- How will I benefit from it?
- What is the medical referral process?
- What is the procedure for changing a provider?
- How can I express any concerns regarding my treatment?
- What if I require emergency care?

I understand that if I have any questions or do not understand any part of the enclosed material, I may contact the Human Resources Office for assistance.

Printed Employee Name

Signature of Employee

Date



Flagler County Public Schools

P. O. Box 755 ■ 1769 E. Moody Blvd ■ Bunnell, FL 32110

Telephone (386) 586-2391 ■ Fax (386) 586-2396

www.flaglerschools.com

New Teacher Info Sheet

BOARD OF EDUCATION

Colleen Conkling
Chairman

Evie Shellenberger
Vice-Chairman

Sue Dickinson
Board Member

Peter Palmer
Board Member

Charles Gambaro, Jr.
Board Member

Student School Board Member
Vincent Sullivan

■
Bill Delbrugge
Superintendent

■
Kristy Gavin
Board Attorney

Certification

All certification correspondence should be processed through Cathy Sokol at Human Resources.

When receiving written correspondence directly from the Department of Education (DOE) or certificate, please send one copy to the Human Resources office and another copy to your Principal. Retain the original.

The General Knowledge Test needs to be taken and passed in the first year of your temporary certificate.

All temporary certificates will be issued for 3 years but cannot be re-issued. You must complete all requirements prior to June 30 of the last year.

Leave

When you need to be absent from school you must fill out a Leave Form. Teachers have one (1) day per month of employment per year with four (4) days granted upon employment and six (6) more earned in subsequent months.

Personal leave must be filled out three (3) days in advance and submitted to the school. Sick leave may be filled out in advance (appointments) or on the day returning from your illness. Be sure to request a substitute if needed. Full-day absences should be reported to SubFinder either by phone (386.446.7648) or by WebConnect. All half-day absences, changes and/or cancellations to existing absences should be called in to the substitute coordinator via the sub-line (517-2067). Questions or problems regarding SubFinder should also be directed to the sub coordinator.

There is no limit to the number of sick leave days that can be accumulated. When an employee retires or leaves employment, sick leave is considered as part of the employee's terminal pay (see contract for percentages and regulation).

Observations and Evaluations

Walk through visits by guests do not constitute an observation. Evaluations of annual and probationary teachers shall be made at least twice a year. This normally occurs at least once in each semester. After each assessment, the teacher shall sign and be given a copy of the instrument. Signature does not mean agreement, but rather awareness of the content.

Insurance

The Board provides, without cost to the employee, long term disability and group term life insurance in the amount of \$15,000.

The Board currently contributes \$366.94/month/employee toward the cost of medical protection for a twelve-month period. According to the current contract, this can increase on an annual basis of up to 5%. The Board contributes \$4.32 toward optical insurance and \$17.90 toward dental.

Re-appointment

All certificate requirements must be met prior to being re-appointed. In addition, all required testing for year one must be completed and passed. Please note that passing the required tests does not mean guaranteed employment.

Records

All changes in address and phone numbers should be reported to your school and the Human Resources Department in writing. This can be done via email, W4, or Change Notification Form (forms are available via Human Resources).

Official transcripts are required upon employment and in obtaining advanced degree pay.

Human Resources must have a copy of your Social Security Card and Driver’s license. The name on the Social Security Card must match the name on the license.

No employee will receive pay prior to being fingerprinted and cleared from the Human Resource Department; all employment is conditional upon the satisfactory completion of the criminal and background check. A likely result of failing to fully disclose or provide complete background information on the application is termination of employment.

It is the responsibility of the individual teacher to provide all information needed to confirm years of experience for pay. Human Resources cannot give credit for payroll until these forms are in. If the forms are not turned in, the teacher will start at Step 0 (zero), but will receive all pay retroactively once experience is confirmed.

It is also the employee’s responsibility to keep up with all testing and certification requirements.

If you receive an advanced degree, please notify Human Resources immediately. This change of status is updated in the beginning of the school year and then again at the beginning of the second semester. There is no retroactive pay for late notification.

Training

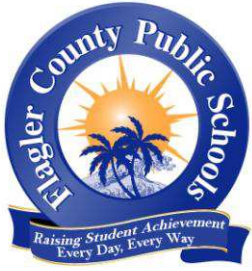
All teachers new to the county must participate in the orientation program. Teachers that were not education majors (or in an education program) or with Vocational Certification must complete the Professional Education Competencies through the Curriculum Department.

By State Law, annual contract employees have no legal right to or expectation of continued employment within the school system until such time as he/she is placed on Professional Services Contract Status (FSC)

Employee signature

Date

This document will be maintained in the employee’s personnel file.



Flagler County Public Schools

P. O. Box 755 ■ 1769 E. Moody Blvd. ■ Bunnell, FL 32110
Phone (386) 437-7526 ■ Fax (386) 437-7577
www.flaglerschools.com

AUTHORIZATION FOR DRUG SCREENING TEST

MediQuick Urgent Care - 6 Office Park Drive, Palm Coast, FL 32137
Phone: 386-447-6615 Fax: 386-447-1266

The cost of the drug screening test is **\$35.00** and is the responsibility of the applicant/person.
Payment is due at the time of the drug screening test and can be paid by,
CASH, CHECK, MONEY ORDER or CREDIT CARD

Please bring a list of all your prescription drugs with you at the time of testing; this will assist with the results of your test.

The following applicant/person has been authorized by Flagler County Schools Human Resource Department to receive a Drug Screening Test, by MediQuick Urgent Care.

Date: _____

Applicant/Person Name: _____ Social Security: _____

Job Title: _____ Department: _____

Applicant/Person Signature: _____

This Drug Screening Testing is being performed for the following reason:

- Pre-Employment Drug Screening
- Post- Employment Drug Screening
- Return from Leave of Absence
- Random