



Congratulations on your new position and Welcome to North East ISD!

Please read over the instructions carefully when completing Your New Hire Packet. Please print legibly and turn in the completed packet at New Employee Orientation.

ACKNOWLEDGEMENT FORM

Please complete, sign and date this form as acknowledgment that you have read and viewed all of the required policies and videos online as well as completed and turned in all of the necessary Human Resources and Payroll forms at New Employee Orientation.

1) FORM I-9 EMPLOYMENT ELIGIBILITY VERIFICATION

- All new hires are legally required to complete the Form I-9 to verify employment eligibility.
- **Complete Section 1 ONLY, sign and date it.**
- **You will need to bring forms of identification (original documents)** when you meet with a Human Resources Specialist during New Employee Orientation. Please see the **List of Acceptable Documents** for employment eligibility verification. You may either select one item from List “A” OR a combination of one from List “B” **AND** one from List “C”.
- **You must have these forms of identification with you on the day of Orientation for completion of the Form I-9.** The documents you bring will allow the staff to complete Section 2 of this form.

2) EMERGENCY CONTACT INFORMATION

- Every new hire must complete this form in its entirety in the event of a medical emergency.

3) EMPLOYEE DIRECTORY RESTRICTION INFORMATION

- All new hires must complete this form in its entirety for the Texas Open Records Act
- Sign and date the form

4) TEA TEXAS PUBLIC SCHOOL STUDENT/STAFF ETHNICITY AND RACE DATA QUESTIONNAIRE

- Complete the top portion with your name and the last four digits of your social security number
- You must answer Part 1 and Part 2
- Sign and date the form

5) PREVIOUS EMPLOYMENT INFORMATION (TO BE COMPLETED BY CLASSIFIED EMPLOYEES ONLY)

- Every Classified new hire must complete this form for salary verification.
- Complete the top portion with your printed name, last four digits of social security number and position
- List the name of the company, position, major duties, dates of employment, and full-time or part-time status of all past work experience **related to the position you were hired**
- Sign and date the form



North East Independent School District

8961 TESORO DRIVE – SAN ANTONIO, TEXAS 78217
 Phone (210) 407-0188, Fax (210) 804-7056
 www.neisd.net

OFFICE OF THE
 EXECUTIVE DIRECTOR OF
 HUMAN RESOURCES

ACKNOWLEDGEMENT FORM

Please complete, sign and return this form and all requested documents listed in the box below to New Employee Orientation.

Employee Full Legal Name (PRINT) _____ Last 4 Digits of Social Security # _____
 (As it is on social security card)

I acknowledge that I have **received, read and/or viewed** the information listed below (Items #1 through #28) including the **video clips**. *NOTE: Employees are responsible for maintaining copies of these documents for their personal records and any updates which may occur.*

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. <u>Benefits</u>: Continuation of Health Coverage 2. <u>Benefits</u>: Exchange Notification 3. <u>Benefits</u>: Health Insurance Portability and Accountability Act Notice of Privacy Practices 4. <u>Benefits</u>: Important Notice of your Right To Documentation of Health Coverage 5. <u>Board Policy</u>: Term Contracts: Nonrenewal <i>DFBB (LOCAL)</i> 6. <u>Board Policy</u>: Assignment and Schedules <i>DK (LOCAL)</i> 7. <u>Board Policy</u>: Standards of Conduct <i>DH (LOCAL) AND DH (EXHIBIT)</i> 8. <u>Board Policy</u>: Compensation and Benefits: Leaves and Absences <i>DEC (LOCAL)</i> 9. <u>Board Policy</u>: Compensation and Benefits: Salaries, Wages, and Stipends <i>DEA (LOCAL)</i> 10. <u>Board Policy</u>: Drug Free Workplace Notice <i>DI (LOCAL) AND DI (EXHIBIT)</i> 11. <u>Board Policy</u>: Employee Welfare: Freedom from Discrimination, Harassment, and Retaliation <i>DIA (LOCAL)</i> 12. <u>Board Policy</u>: Personnel-Management Relations: Employee Complaints/Grievances <i>DGBA (LOCAL)</i> 13. <u>Board Policy</u>: Public Information Program Access to Public Information <i>GBA (LEGAL)</i> | <ol style="list-style-type: none"> 14. <u>Board Policy</u>: Relations with Governmental Entities: State and Local Governmental Authorities <i>GRA (LOCAL)</i> 15. <u>Board Policy</u>: Student Discipline <i>FO (LOCAL)</i> 16. <u>Board Policy</u>: Student Welfare: Child Abuse and Neglect <i>FFG (LEGAL) AND FFG (EXHIBIT)</i> 17. <u>Board Policy</u>: Student Welfare: Freedom from Bullying <i>FFI (LOCAL)</i> 18. <u>Guidance Services</u>: Suicide Prevention Training (HB 2186) CERTIFIED & LICENSED EMPLOYEES ONLY 19. <u>Health Services</u>: Sexual Abuse and Maltreatment Video 20. <u>Human Resources</u>: Confidentiality Agreement 21. <u>Human Resources</u>: Employee Dress Code 22. <u>Human Resources</u>: Policies and Procedures 23. <u>Human Resources</u>: Smart Find Express Presentation 24. <u>Payroll</u>: Proration of Salary Information 25. <u>Safety</u>: General Safety Rules 26. <u>Safety</u>: Worker's Compensation 27. <u>Safety</u>: HAZCOM Training Information and Video 28. <u>Safety</u>: Safe and Drug Free Workplace Letter 29. <u>Technology Services</u>: Acceptable Use of District Electronic Communications System |
|--|---|

Complete and return this form and all forms listed below to New Employee Orientation.

HUMAN RESOURCES FORMS		Office Use Only
1.	Form I-9	
2.	Emergency Contact Information	
3.	Employee Directory Restriction Information	
4.	TEA Texas Public School Student/Staff Ethnicity and Race Data Questionnaire	
5.	Previous Employment Information (To be Completed by Classified Employees Only)	
PAYROLL FORMS		
1.	Direct Deposit <i>OR</i> ADP Pay Card Enrollment Form	
2.	W-4 Form	
3.	Teacher Retirement Eligibility Information	
4.	Designation of Beneficiary	
5.	Social Security Form SSA-1945	

Employee Signature _____

Date _____

An Equal Opportunity Employer



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 (<i>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.</i>)						
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	Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number [] - [] - []		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):

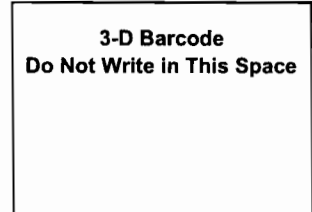
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this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

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 (<i>Family Name</i>)		First Name (<i>Given Name</i>)		
Address (<i>Street Number and Name</i>)		City or Town	State	Zip Code



Employer Completes Next Page



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
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
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		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			

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.



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EMERGENCY CONTACT INFORMATION

Employee Name _____

School/Department _____

Home Address _____ Zip Code _____

Cell Phone _____ Home Phone _____

IN CASE OF A MEDICAL EMERGENCY THE FOLLOWING PEOPLE SHOULD BE CONTACTED:

Name _____ Cell Phone _____

Home Address _____ Zip Code _____

Home Phone _____

Name _____ Cell Phone _____

Home Address _____ Zip Code _____

Home Phone _____

Other Instructions _____

NEISD does not assume any financial responsibility but does wish to provide the best emergency service. By signing this document you are giving the appropriate school personnel authority to call EMS or to obtain medical care if the alternative adults cannot be reached.

I hereby grant permission for emergency medical care to be given by the attending emergency physician and/or school personnel. I also give permission for EMS to be called and to be transported as necessary by school personnel.

Signature of Employee _____ Date _____

**NORTH EAST INDEPENDENT SCHOOL DISTRICT
EMPLOYEE DIRECTORY INFORMATION RESTRICTION**

Employee directory information is available to the general public within the regulations of the Texas Open Records Act. Directory information, as defined by the Open Records Act, includes name, home address and phone number, sex, ethnicity, salary, title (position or grade/subject taught) and dates of employment. By law, all employees must be given the opportunity to restrict public access to their home address and phone number. Please complete the form below advising North East of your wishes with regard to public access to your directory information. **It is important that all items on this form be fully completed in order to process your request.**

- I want to restrict public access to my address and phone number.
- I do not want to restrict public access to my address and phone number.

Employee Name: _____ Last 4 Digits of Social Security #: _____

Home Address: _____ Phone: _____
Street City State Zip Code

Position / Grade or Subject Taught: _____

Campus / Department: _____

I understand that if I restrict access to my address and telephone number, only my name and position will appear in the district's employee directory. I also understand that my address and phone number will not be made available for public access.

Employee Signature: _____ Date: _____

Restriction Received
 School/Department Official: _____ Date: _____

HR Official: _____ Date: _____

Once the campus or department makes a note of your restriction, the form will remain on file in the HR Department, 8961 Tesoro Drive Suite 200 San Antonio, TX 78217. Should you wish at any time during your employment with NEISD to open or close access to your home address and phone number please go to the HR Department's Intranet page / Forms to obtain and complete another copy of the Employee Directory Information Restriction form. Send the corrected form completely filled in to the HR Department.

Monthly Employees – Send your form to HR attention: Valerie Wentworth
Biweekly Employees – Send your form to HR attention: Mary Preston

Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

Employee Name (Please Print): _____ Last 4 of SSN#: _____

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. United States Federal Register (71 FR 44866)

Part I: Ethnicity

Is the person Hispanic/Latino (**Choose Only One**)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part II: Race

What is the person's race (**Choose One or More**)

- American Indian** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a 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 including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian** - 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.

Employee Signature

Date



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PREVIOUS EMPLOYMENT INFORMATION (TO BE COMPLETED BY CLASSIFIED EMPLOYEES ONLY)

NAME: _____ Last 4 Digits of Social Security# _____

POSITION: _____

1. A New Employee will be hired at the minimum rate of pay for the assigned pay grade.
2. Credit will be given for previous experience in a public school for like experience for the new job assignment. Public school experience credited, 1 year of experience is equal to 1 year of credit.
3. The District will consider providing credit for job related experience obtained outside of public education. Creditable experience will be granted upon approval, 1 year of credit will be provided for every 2 years of job related experience earned, outside of public education.
4. Once previous experience has been verified, a one-time salary adjustment will be made. No one will be brought in over mid-point of their assigned pay grade.
5. It is your responsibility to provide service records from prior Texas Public School Districts if you would like to transfer any State Personal time.
6. If you have prior military service (related to current position), please provide a copy of your DD214.

Note: If information is not complete, credit cannot be given.

COMPANY	POSITION – MAJOR DUTIES	FROM (mm/dd/yy)	TO (mm/dd/yy)	FULL TIME	PART TIME
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is true to the best of my knowledge and belief, and I understand it will be used to determine credit for experience. I also understand that I may be subject to disciplinary action up to and including termination of employment in the event that the above information is found to be falsified.

Employee Signature: _____ Date: _____

An Equal Opportunity Employer



- *North East Independent School District*
8961 TESORO DR., SUITE 201 – SAN ANTONIO, TEXAS 78217 – (210) 407-0186

New Hires

Welcome to North East I.S.D.!

Congratulations on your new position with North East Independent School District.

We hope to make the hiring process as easy as possible for you and our team.

Please sign all required forms and bring this completed packet to the New Employee Orientation at the time of your scheduled meeting.

INSTRUCTIONS FOR COMPLETING NEW HIRE PAPERWORK

Must be LEGIBLE, PLEASE PRINT.

1) Direct Deposit of Payroll Check

- North East I.S.D. requires mandatory direct deposit for all employees.
- You must complete the North East ISD Authorization Agreement for Direct Deposit
- Please complete this form by filling in ALL appropriate information and attaching a VOIDED CHECK or a printed form that your bank can produce specifically for direct deposit. Please do not attach a deposit slip.
- If you do not have your bank account information by orientation, you **MUST** complete the ADP Pay Card Enrollment form. You will be automatically enrolled for your pay checks. If you need to change to your bank information later, you can make the changes on the Employee Portal.

2) W - 4 Form:

- Complete items 1-7, sign and date. **DO NOT SEPARATE FORM.**
- You must use your legal name (as it appears on your social security card) on all your tax forms.
- BOX 5 must have a number in it. "0" means you want the MOST taxes taken out of your paycheck. **YOU** will need to consult someone (parent, spouse, accountant) if you are unsure. Please make sure to sign and date this form.

3) Teacher Retirement Eligibility Information

- Every New hire must complete this form in its entirety.

4) Designation of Beneficiary

- Every New hire must complete this form in its entirety. Please do not sign form until before a Notary Public.

5) Social Security Form SSA - 1945:

- Print name, ID # (this is your social security #), read, sign, and date.
- Due to the participation in our qualified retirement plan, TRS, we do not take the Social Security portion of FICA from your check. Please contact the Social Security Office for any questions.

For questions concerning your New hire Payroll Packet contact Mary Layton prior to New Employee Orientation at 210-407-0512.

Congratulations on behalf of the
North East I.S.D. Payroll Department!

NORTH EAST INDEPENDENT SCHOOL DISTRICT DIRECT DEPOSIT OF PAYROLL CHECK

NAME: _____

Last

First

Initial

CAMPUS/DEPT: _____ ORG: _____ EMP ID#: _____

CLASSIFICATION: Certified Paraprofessional Auxiliary Substitute

AUTHORIZATION FOR PRIMARY DIRECT DEPOSIT: I understand that the NET amount of my pay, after all deductions and secondary direct deposit amounts have been applied, will be deposited to my primary direct deposit account. I hereby authorize the NEISD Payroll Office to take the action(s) indicated below. I understand that if I am closing my primary direct deposit account that I must choose a new account to replace it or I will automatically be enrolled in the District's Pay Card program.

Bank Name	ABA Routing #	Account #	Type: Checking/Savings	Action: Add/Close

AUTHORIZATION FOR SECONDARY DIRECT DEPOSIT: I understand that I may select up to four secondary direct deposit accounts and amounts. I hereby authorize the NEISD Payroll Office to take the action(s) indicated below.

Bank Name	ABA Routing #	Account #	Type: Checking/Savings	Amount	Action: Add/Close

A VOIDED CHECK MUST BE ATTACHED (TAPED) TO THIS FORM

SIGNATURE: _____ DATE: _____

ATTACH A VOIDED COPY OF YOUR CHECK HERE

The diagram shows a check with the following fields and labels:

- Your Name** and **Your Address** at the top left.
- 1001** at the top right.
- DATE** with a line for the date.
- PAY TO THE ORDER OF** with a line for the payee name.
- \$** and a box for the amount.
- DOLLARS** below the amount box.
- Your Bank Name** with a line for the bank name.
- MEMO** with a line for the memo.
- MICR Line:** **123456789** (9 Digit Routing Number), **0000987654321** (Your Account Number), and **1001** (Check Number).

*IF YOU DO NOT HAVE YOUR BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT ON YOUR ORIENTATION DATE, YOU MUST COMPLETE THIS FORM TO BE ENROLLED IN THE ADP PAY CARD FOR YOUR PAYCHECKS.



TotalPay Card

Enrollment Form

Employee Information

Print and Complete All Fields

First Name _____ MI _____ Last Name _____

Social Security Number 09 / ___ / _____ Date of Birth (mm/dd/yyyy) ___ / ___ / _____

Address _____ APT # _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

E-mail _____

Deposit my Entire Net Pay: Amount to be Deposited

Your TotalPay Card will arrive via U.S. Mail within seven business days.

Please read and sign before submitting:

By accepting and using my TotalPay® Card*, I agree to be bound by the terms and conditions outlined in the TotalPay Card Cardholder Agreement. I hereby authorize ADP to credit any amounts owed to me, as instructed by my employer, by initiating credit entries to my TotalPay Card. In the event that ADP loads funds erroneously to my TotalPay Card, I authorize ADP and my employer to debit my card for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until ADP has received written notice from me of its termination in such time and in such manner as to afford ADP reasonable opportunity to act on it. I agree that I have reviewed, and understand the TotalPay Cardholder Fees Summary.

Employee Signature: _____ Date: _____

NOTE: After completing the form, please return it to your employer.

FOR EMPLOYER USE ONLY

Letter mailed: _____

Set up on Mainframe Date: _____

Card Effective Date: _____

Employer Signature _____ Date _____

Form W-4 (2016)

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 2016 expires February 15, 2017. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 2016. 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 \$2,000 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. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 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 \$50,000 (\$20,000 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 2016
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 style="width: 40px; height: 20px;" type="text"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <input style="width: 40px;" type="text"/>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <input style="width: 40px;" type="text"/>	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • 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 ▶ <input style="width: 40px;" type="text"/>		
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 2015 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, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2015 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 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2015 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 \$4,000 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 2015. 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 2015. 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 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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.



North East Independent School District

8961 TESORO DR., SUITE 201 – SAN ANTONIO, TEXAS 78217 – (210) 407-0186
www.neisd.net

Department of
Payroll

TEACHER RETIREMENT SYSTEM ELIGIBILITY INFORMATION

****PLEASE NOTE THAT IF THIS IS YOUR FIRST TIME WORKING FOR A SCHOOL DISTRICT IN THE STATE OF TEXAS, THEN ALL YOUR ANSWERS WILL BE “NO.”**

****SUBSTITUTE EMPLOYEES DO NOT PAY INTO TRS.**

1) HAVE YOU EVER BEEN A TEXAS TRS MEMBER?

YES NO

- If you were employed with a Texas School District at any time prior to your hire date and paid into TRS, then your answer is YES.

2) IF YES, PLEASE PROVIDE DATE/YEAR YOU WERE
LAST EMPLOYED WITH A TEXAS SCHOOL DISTRICT _____

3) HAVE YOU WITHDRAWN FROM YOUR TRS ACCOUNT?

YES NO

- You would have completed a TRS 6 form: Application for Refund

4) ARE YOU A TEXAS TRS RETIREE?

YES NO

5) IF YES, PLEASE PROVIDE RETIREMENT DATE _____

EMPLOYEE SIGNATURE: _____

PRINT NAME: _____

EMPLOYEE SOCIAL SECURITY NUMBER: _____

DATE: _____



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Payroll

Designation of Beneficiary (Wages or Salary)

In the event that North East Independent School District (the "District") owes me any wages or salary at the time of my death, I hereby designate the following person as the beneficiary to whom any such wages or salary shall be paid after my death by the District, in accordance with Section 450 of the Texas Probate Code:

Beneficiary's Name: _____

Beneficiary's Address: _____

Beneficiary's relation to me: _____

If the beneficiary designated above is my current spouse; if I am divorced from such spouse at the time of my death; and if I have not changed by then the name of my beneficiary on the District's records, the District shall have the option of paying the above-described monies either to the beneficiary designated or to my estate. This instrument applies to wages or salary only, and does not affect any other payments which may be owing for example, insurance proceeds, death benefits, deferred compensation, retirement benefits, or any other.

Employee Signature

Employee Printed Name

Date

Employee SS# Number

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

Employee Name: _____

Employee ID/SS# _____

Employer Name: NORTH EAST ISD

Employer id#: 74-6015301

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

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee _____

Date _____

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

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

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

Employers must:

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

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

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.