

Dear Prospective Employee:

On behalf of the Chicago Public Schools (CPS), we congratulate you on your recent job offer. This is an exciting time to work for CPS. CPS has made dramatic strides to become the nation's best urban public school system and to ensure that the children of Chicago are afforded a top quality education so that they can become successful participants in our communities. We look forward to having you join us in this effort.

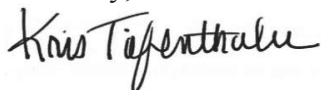
Employment with the CPS is contingent upon verification of your employment eligibility, which will be determined after you complete our enrollment process. This includes a drug screening, tuberculosis test, a fingerprint background check, and submission of required documentation, all described in further detail in this enrollment package. Employee Services will also validate that you meet the required qualifications for the position as well as your eligibility to work in the United States.

To begin actual employment procedures, the unit that provided you with a job offer must send a Staffing Recommendation to Employee Services. Your customer service professional can confirm whether or not we have received yours and contact the unit if necessary.

Our team is committed to providing you with impeccable customer service. If at any time you feel that we are not doing our best to meet your needs, or if you should have any questions or concerns about the enrollment process, please feel free to call 773-553-HR4U or e-mail [EmployeeServices@cps.k12.il.us](mailto:EmployeeServices@cps.k12.il.us), and one of our representatives will be happy to work with you to resolve your concern.

Once again, welcome to the Chicago Public Schools! We look forward to working with you.

Sincerely,



Kris Tiefenthaler  
Acting Officer, Talent Office



## Educational Support Personnel (ESP) Enrollment Forms Checklist

Candidate Name: \_\_\_\_\_

This checklist has been created to help guide you through the hiring process and ensure you have all the required documentation needed to ensure a smooth transition to your position with CPS.

Please note that all enrollment forms are accessible through our website at [hr4u.cps.edu](http://hr4u.cps.edu).

### The following two tests should be completed and results returned prior to your visit to Employee Services:

- Drug Screen. *To be completed at Mercy Works within 72 hours of job offer (provide completed release form to Mercy Works who will send results to CPS). Results are communicated to CPS within 72 hours.*
- TB Test. *It takes 3 days for your medical provider to obtain the results of your TB test. The results form should be completed by your medical provider.*

### The following documents will need to be provided at Employee Services:

- Official Transcripts or Diploma - Highest level of schooling
- Proper Identification - *Passport, or two forms of ID: Birth Certificate, Social Security Card, Driver's License, or State ID are all acceptable, full list included on the I-9 form.*

Note: Approval, Certificate or License for NCLB job titles must be verified.

### The following forms should be completed prior to your visit to Employee Services:

- (1) Employee Data Form
- (2) Background Investigation Authorization and Release Form  
Results are communicated to CPS within 72 hours.
- (3) Employment Eligibility Verification U.S. Department of Justice I-9 Form
- (4) Board Rule and Policy Acknowledgment Form
- (5) W-4 Forms (State and Federal Withholdings)
- (6) FAQs Regarding the Mandated Reporter Requirements Form
- (7) Sworn Statement Regarding Confidentiality of Student Records
- (8) Employee Sworn Residency Statement Form
- (9) Statement Concerning Your Employment in a Job Not Covered by Social Security

After completion of the staffing process, Employee Services will provide you with a Report for Service form.

### THE ITEMS LISTED BELOW ARE "READ ONLY" DOCUMENTS THAT YOU SHOULD KEEP FOR YOUR RECORDS

- |   |  |
|---|--|
| ❖ Payroll Services New Hire Packet                            | ❖ Employee Benefits Enrollment Guide   |
| ❖ Ethics Code Summary   | ❖ Security Awareness for Staff Members |
| ❖ CPS Username and Password (for e-mail, IMPACT & HC Systems) |  |

**I have reviewed and completed all documents listed above. I affirm that all statements on these forms are true and complete and understand that any falsification or omission may result in dismissal.**

Employee Signature: \_\_\_\_\_

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

Audited by: \_\_\_\_\_

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

Employee ID#: \_\_\_\_\_



## Occupational Medicine Testing Facilities

(In order to process you in a timely manner please do not present with unattended children under the age of 12 as the treating facility has the right to reschedule your appointment. Thank you for your cooperation.)

**Please note you have 72 hours from the date you received your job offer to present for your drug screen at one of the medical facilities listed below. Failure to present may risk your employment status.**

Patient Name: \_\_\_\_\_ S. S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: **Chicago Public Schools (CPSPHY)** Date of Birth : \_\_\_\_\_

### Substance Abuse Testing *(check all that apply, Valid Picture I.D. Required)*

Pre-placement Non-Nida 10-Panel (Non-DOT) Drug Screen

### Responsible Party for Payment

Patient (Cash and credit cards are currently accepted. No personal checks will be accepted).

10-Panel Drug Screening \$25.00

Tuberculosis Test & Reading \$10.00 (skin test)

### Tuberculosis Testing:

Please note that you can choose to have your Tuberculosis Testing done at your Primary Care Physician or other medical facility of your choice. However, for your convenience Tuberculosis Testing is also available at the below listed facilities. Once you have the test placed you will be required to return to the clinic to have the skin test read by 48 to no later than 72 hours from initial placement of your skin test. If you fail to present to the clinic within the required time frame to have the test read you will be required to have a second Tuberculosis Test placed (7 days from your initial test) at your expense and risk a delay in your employment. Also be sure to communicate to your medical care provider if you have ever had a history of a positive skin test in the past.

Please keep in mind that most locations listed below are not open 7 days a week and/or on the weekend and therefore some locations will not be able to do a Tuberculosis test on a Thursday as it will be required to be read by 48 to 72 hours.

### Authorization Instructions:

Since the patient is responsible for payment in full at their time of service that an "authorized by" signature from the Chicago Public Schools is not required. Please note that you will need to sign the consent/release of information form in order for the collection facility to provide service and report the results of your test directly to the Chicago Public Schools designated confidential contact.

### TREATMENT SITES *(All sites have free parking)*

**MercyWorks at 2600**  
2600 South Michigan Avenue, Suite 101  
Chicago, Illinois 60616  
**(312) 567-2979, Fax (312)-567-9582**  
(M-F 7:00 am-5:30 pm)

**MercyWorks on Ashland**  
3316 South Ashland  
Chicago, Illinois 60608  
**(773) 254-2133, Fax (773) 254-4185**  
(M-F 7:00 am-7:00 pm)

**MercyWorks on Pulaski**  
5525 South Pulaski, Suite 2-200  
Chicago, Illinois 60629  
**(773) 284-5278, Fax (773) 585-0395**  
(M-F 8:00 am-4:30 pm)

Near  
Midway  
Airport

**MercyWorks at Dearborn Station**  
47 West Polk Street, Suite G1  
Chicago, Illinois 60605  
**(312) 922-3011, Fax (312) 922-5860**  
(M-F 8:00 am-4:30 pm)

**MercyWorks on Cumberland/Resurrection Immediate Care**  
4900 North Cumberland Avenue  
Norridge, Illinois 60706  
**(708)-583-1524, Fax (708) 583-1465**  
(M-F 7:00 am-10:00 pm, Sat-Sun & Holidays 8:00 am-4:00 pm)

**Resurrection Immediate Care  
Elmwood Park**  
7230 West North Avenue, Suite 106B  
Elmwood Park, Illinois 60707  
**(708) 453-3000, Fax (708) 453-4660**  
(M-Sat 8:00 am-8:00 pm)  
(Sunday 9:00 am-5:00 pm)

**Resurrection Immediate Care  
Des Plaines**  
150 North River Road  
Des Plaines, Illinois 60016  
**(847)-813-3510, Fax (847) 299-3023**  
(M-Sat 8:00 am-8:00 pm)  
(Sunday 8:00 am-4:00 pm)

Close to  
O'Hare  
Airport



FOR USE BY CPS HC EMPLOYEE SERVICES

ACCEPTED: \_\_\_\_\_

INCOMPLETE: \_\_\_\_\_

NOT ACCEPTED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## EMPLOYEE TB TEST FORM

Illinois School Code requires Chicago Public Schools to screen employment candidates for TB. As a condition for employment in the Chicago Public Schools (CPS) you must be free of tuberculosis (TB). In addition, your physician must provide the results of your TB skin test as well as the date on which it was performed and read. Self-reading by an employee is not acceptable. A TB skin test must have been performed within the last 90 calendar days. If the TB skin test is positive; a chest x-ray must have been performed within the last 90 calendar days. A printout with the date of the chest x-ray results and initiation of treatment as necessary must be documented on the form.

Available health centers you may use to complete your TB test are listed on the back of this form for your convenience.

I hereby give consent to have further information requested by Employee Services released by the physician who examined me.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

**TB TEST**      DATE PLACED: \_\_\_\_\_

                    DATE READ: \_\_\_\_\_

                    RESULTS: \_\_\_\_\_ MM

IF POSITIVE, CHEST X-RAY:

DATE COMPLETED: \_\_\_\_\_ RESULT: \_\_\_\_\_

DATE TB PROPHYLAXIS INITIATED: \_\_\_\_\_

MEDICAL LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

M.D. /D.O. SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

STATE: \_\_\_\_\_

CITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_



### Options for TB Tests

All costs for TB tests are subject to change without notice. Please call the health centers listed below for an appointment and applicable fees

LOCATION	NOTES	LOCATION	NOTES
<b>Circle Family Care</b> 4909 West Division (773) 921-8100	Physical and TB test by appointment (Must have physical to get TB test) Payment for physical based on income Payment for TB test \$20	<b>Resurrection Immediate Care Des Plaines</b> 150 North River Road (847) 813-3510	Close to O'Hare Airport Free Parking TB skin test is \$10
<b>Englewood Neighborhood Health Center</b> 641 West 63 <sup>rd</sup> Street (312) 747-7831	By appointment only Payment based on income	<b>Resurrection Immediate Care Elmwood Park</b> 7230 West North, Suite 106B (708) 453-3000	Free Parking TB skin test is \$10
<b>Komed Home &amp; Health Center</b> 4259 South Berkeley (773) 268-7600	Walk-in No TB tests on Thursday Payment is \$26	<b>Roseland Neighborhood Health Center</b> 200 East 115 <sup>th</sup> Street (312) 747-9500	Call to make appointment For City of Chicago Residents only - State ID required Payment is \$20
<b>Lawndale Christian Health Center</b> 3860 West Ogden (773) 843-3000	TB tests may be walk-in Payment based on income	<b>South Chicago Department Of Public Health</b> 2938 East 89 <sup>th</sup> Street (312) 747-5285	Walk-in from 8:00 AM to 4:00 PM No TB on Thursday Payment is \$20
<b>Lower West Health Center</b> 1713 South Ashland (312) 746-5157	TB test by appointment Only Payment is \$20	<b>South Lawndale Department Of Public Health</b> 3059 West 26 <sup>th</sup> Street (312) 747-0066	Appointment Necessary Call before visiting Payment is \$20
<b>Mercy Works at 2600</b> 2600 South Michigan, Suite 101 (312) 567-2979	Free Parking TB skin test is \$10	<b>Swedish Covenant Occupational Health Center</b> 4753 North Elston (773) 989-3845	Appointment preferred Payment is \$20
<b>Mercy Works on Ashland</b> 3316 South Ashland (773) 254-2133	Free Parking TB skin test is \$10	<b>University Of IL Miles Square Health Center</b> 2045 West Washington (312) 996-2000	By appointment or Walk-in Payment based on income (\$0 to \$65)
<b>Mercy Works at Dearborn Station</b> 47 West Polk Street, Suite G1 (312) 922-3011	Free Parking TB skin test is \$10	<b>Uptown Neighborhood Health Center</b> 845 West Wilson (312) 744-1938 For appt: (312) 744-1602	Provide proof of address, and photo ID Walk-in only, first come, first serve Have to be there exactly at 8:00 AM Payment is \$20 (Cash only)
<b>Mercy Works on Pulaski</b> 5525 South Pulaski, Suite 2-200 (773) 284-5278	Near Midway Airport Free Parking TB skin test is \$10	<b>West Town Department Of Public Health</b> 2418 West Division (312) 744-7208 For appt: (312) 744-0943	Walk-in, no later than two (2) hours prior to closing No TB tests on Thursdays If Monday is a holiday, then no TB tests on Fridays Payment is \$20
<b>Mercy Works on Cumberland/Resurrection Immediate Care</b> 4900 North Cumberland (708) 583-1524	Free Parking TB skin test is \$10	<b>Peterson Occupational Health</b> 2300 West Peterson. (773) 910-9514	By appointment only Payment is \$15



## Employee Data Form

Post-offer employee candidates are required to complete this form as part of the verification of eligibility for employment and, if hired, to build an employee record. Please sign and date at the end of the form to verify that everything on this form is accurate.

<b>Title</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Int.</b>	<b>Maiden Name</b>
Dr Ms Mrs Mr				
			<b>Social Security Number:</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
<b>Home Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
				<b>County</b>
<b>Mailing Address-Number/Street (Apartment Number)</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
□ Same as above				<b>County</b>
<b>E-mail Address</b>		<b>Telephone</b>	<b>Alternate Phone</b>	<b>Marital Status</b>
				Single    Divorced    Widow Married    Date Married
<b>DEMOGRAPHIC INFORMATION:</b>				
<b>RACE AND ETHNIC IDENTIFICATION:</b>			<b>Date of Birth (MM/DD/YYYY)</b>	<b>Gender</b>
The following categories are used by the U. S. Department of Education. <u>Please answer both questions.</u>				<input type="checkbox"/> Male
<b>1. Ethnic Identification</b> (Choose only one): <input type="checkbox"/> <b>No</b> , not Hispanic/Latino <input type="checkbox"/> <b>Yes</b> , Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)			<b>Place of Birth</b>	<input type="checkbox"/> Female
<b>2. Racial Identification</b> (Choose one or more): <input type="checkbox"/> <b>Black or African American</b> (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.) <input type="checkbox"/> <b>American Indian or Alaska Native</b> (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.) <input type="checkbox"/> <b>Asian</b> (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.) <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)				City State
			Country (If born outside of USA, please list Country born in, otherwise, leave blank.)	
<b>EDUCATION:</b>				
<b>Highest Grade Completed/Degree:</b>				
<b>Name of School</b>	<b>State</b>	<b>Type of Degree/Diploma</b>	<b>Date Graduated</b>	<b>Major/Minor</b>
(Please List High School and College Information)				
<b>STATE CERTIFICATES HELD: (Teachers only)</b>				
State: _____ Date Issued: _____ Expiration Date: _____				
<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Elementary K-9	<input type="checkbox"/> High School 6-12 _____		
<input type="checkbox"/> Transitional Bilingual	<input type="checkbox"/> Administrative K-12	<input type="checkbox"/> Provisional _____		
<input type="checkbox"/> Substitute	<input type="checkbox"/> School Service _____	<input type="checkbox"/> Provisional Vocational		
<input type="checkbox"/> Temp Provisional Vocational	<input type="checkbox"/> Special K-12	<input type="checkbox"/> Other		



Have you ever been previously employed by the Chicago Public Schools?  Yes  No

Dates: \_\_\_\_\_

If yes, Job Title: \_\_\_\_\_.

If a different name was used, please indicate name: \_\_\_\_\_

**Please indicate the type of position you are enrolling for:**

Check One:  Teacher  Educational Support Personnel/PSRP: \_\_\_\_\_

Administration: \_\_\_\_\_

Read and sign below:

- I affirm that all statements on this form are true and complete and understand that any falsification or omission may result in dismissal.
- I understand that, if I am hired, I have an ongoing obligation to notify the Office of Human Capital of any felony convictions within five days of the conviction. Failure to do so may result in dismissal.
- I understand that, if I am hired, I have an ongoing obligation to notify the Office of Human Capital of address changes within fourteen (14) days of the address change.
- If any of the above information should change at any time, I understand that I must notify the Office of Human Capital, Employee Services in writing so that my information may remain current with the Chicago Public Schools.
- Pursuant to our state’s Identity Protection Act (Public Act 096-0874), CPS is notifying you of the purpose for collecting and using your social security number. Providing your social security number is necessary in order to complete your application, and, if you are hired, as a condition of employment. To protect your identification, we will secure your social security number from unauthorized access, and strictly prohibit any release of your social security number to unauthorized parties which would be contrary to state and federal law.
- The Chicago Public Schools collects your social security number for legitimate business purposes, many of which are mandated by law:
  - Conducting criminal background screening & drug testing
  - Completing Federal I-9 & W-4 forms for the filing/issuance of Federal employment forms
  - Enrolling in benefit plans
  - Verifying educational certifications
  - Pension programs

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Legal Statement (Title IX):** It is the policy of the Board of Education of the City of Chicago not to discriminate on the basis of race, color, religion, national origin, age, disability, gender, sex or sexual orientation. Inquiries concerning the application of Title IX of the Education of Amendments of 1972 and the regulations promulgated there under concerning sex discrimination and/or inquiries regarding disability accommodations should be referred to the Equal Opportunity Compliance Manager, Chicago Public Schools, 125 South Clark, Chicago, IL 773 553-2688 (TTY-773-553-2699).

### Fingerprinting Background Investigation Authorization & Release Form

This form gives the Chicago Public Schools (CPS) authorization to conduct a criminal background investigation. All candidates must have a valid, unexpired government issued or school issued photo ID at the time of fingerprinting.

<input type="checkbox"/> Vendor (list company name)	<input type="checkbox"/> Teacher _____ <input type="checkbox"/> Substitute Teacher/ESP _____ <input type="checkbox"/> Miscellaneous Employee _____ <input type="checkbox"/> Educational Support Personnel _____	<input type="checkbox"/> Local School Council <input type="checkbox"/> Volunteer <input type="checkbox"/> Charter School <input type="checkbox"/> Student Teacher <input type="checkbox"/> Program (if any): _____
ILL13998S	ILL13690S (Type of Position or Project)	IL016299S

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_  
Number Street City State Zip

**Race Key:** C = Caucasian H= Hispanic B = Black/ African American A= Asian/Pacific Islander I = Native American/Alaskan U = Unknown

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_  
MM/DD/YY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Ft. In.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Place: \_\_\_\_\_  
City State

School/Department: \_\_\_\_\_ Special Program or Company Name: \_\_\_\_\_  
(If Applicable)

**REQUIRED CRIMINAL RECORDS DISCLOSURE:** The existence of a criminal record does not automatically disqualify you for employment consideration, unless it is a conviction for an enumerated crime. (Please see the back of this form for a listing of enumerated crimes.) However, it is important that the Board know your complete criminal history to properly evaluate your application. You must disclose it in full. Failure to disclose each conviction may result in disqualification of your application or termination of employment.

Convictions include *all* felony or misdemeanor convictions, whether by pleas of guilty, *nolo contendere* or no contest or after bench or jury trial. Convictions that result in sentences of probation, conditional discharge or imprisonment must be reported. Convictions of driving while intoxicated or under the influence (DUI), and driving on a revoked or suspended license must be reported. But, convictions that resulted in sentences of supervision in Illinois or traffic offences other than DUI or driving on a revoked or suspended license should not be reported (i.e. speeding tickets, running a red light or stop sign, driving without insurance, etc.). Finally, you are not obligated to disclose sealed or expunged records of conviction or arrest.

**Have you ever been convicted of any type of crime?**  Yes  No

If yes, describe each conviction below (attach separate sheets if necessary):

Date	State	Conviction

I, the undersigned,

- acknowledge and verify that all information provided above is true and accurate and that I am the person named above.
- supply this information to authorize and enable the CPS to perform a background investigation, which may include, but not limited to, a Criminal Conviction Information check and fingerprinting.
- understand and agree that the information obtained through the background investigation will be used to determine whether employment by the CPS will be offered or continued or whether volunteer or compensated service will be approved.

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

<p align="center"><b>Fingerprinting Provider Use Only</b></p> <p>Date Printed: _____</p> <p>Verified By: _____</p> <p>TCN # _____</p>	<p align="center"><b>Human Capital Use Only</b></p> <p>Date Printed: _____</p> <p>Date Results Returned: _____</p> <p>Fingerprints Clear <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Verified By: _____</p>
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**Enumerated Offenses in Illinois School Code, 105 ILCS 5/34-18.5 referencing 105 ILCS 5/21-23a**

- (1) **Any offense defined in Sections 11-6 inclusive** (720 ILCS 5/11-6 = indecent solicitation of a child);
- (2) **Any offense defined in Section 11-9 through 11-9.5, inclusive** (720 ILCS 5/11-9 = public indecency, sexual misconduct, etc.);
- (3) **Any offense defined in Sections 11-14 through 11-21, inclusive** (720 ILCS 5/11-14 = prostitution; 11-15 = solicitation for a prostitute; 11-16 = pander (prostitution); 11-17 = keeping a place of prostitution; 11-18 = patronizing a prostitute; 11- 19 = pimping; 11-20 = obscenity; 11-20.1 = child pornography; 11-21 = harmful material (prurient interests);
- (4) **Any offense defined in Sections 11-23 (if punished as a Class 3 felony)** (720 ILCS 5/11-23 =Posting of identifying or graphic information on a pornographic Internet site or possessing graphic information with pornographic material);
- (5) **Any offense defined in Section 11-24** (720 ILCS 5/11-24 = child photography by a sex offender);
- (6) **Any offense defined in Section 11-25** (720 ILCS 5/11-25 = grooming);
- (7) **Any offense defined in Section 11-26** (720 ILCS 5/11-26 = traveling to meet a minor);
- (8) **Any offense defined in Section 12-4.9** (720 ILCS 5/12-4.9 = Drug induced infliction of aggravated battery to a child athlete);
- (9) **Any offense defined in Section 12-13** (720 ILCS 5/12-13 = criminal sexual assault);
- (10) **Any offense defined in Section 12-14** (720 ILCS 5/12-14 = aggravated criminal sexual assault);
- (11) **Any offense defined in 12-14.1** (720 ILCS 5/12-14.1 = predatory criminal sexual assault of a child);
- (12) **Any offense defined in 12-15** (720 ILCS 5/12-15 = criminal sexual abuse);
- (13) **Any offense defined in 12-16** (720 ILCS 5/12-16 = aggravated criminal sexual abuse);
- (14) **Any offense defined in 12-32** (720 ILCS 5/12-32 = ritual mutilation);
- (15) **Any offense defined in 12-33** (720 ILCS 5/12-33 = ritualized abuse of a child);
- (16) **Any offense defined in the Cannabis Control Act, except those defined in Sections 4(a), 4(b) and 5(a) of that Act** (720 ILCS 550/1 *et seq.*, except those defined in 720 ILCS 550/4(a) and (b), and 720 ILCS 550/5(a) (see attached)). Individuals placed on 1410 probation pursuant to this Act that do **not** successfully complete probation are **not** eligible for this exception;
- (17) **Any offense defined in the Illinois Controlled Substances Act** (720 ILCS 570/100 *et seq.*). Individuals placed on 1410 probation pursuant to this Act that do **not** successfully complete probation are **not** eligible for this exception;
- (18) **Any offense defined in the Methamphetamine Control and Community Protection Act** (720 ILCS 646/1 *et seq.*]. Individuals placed on probation under the provision of Section 70 of that Act, provided that if the terms and conditions of probation required by the court are not fulfilled, the offense is **not** eligible for this exception;
- (19) **Perpetrator of sexual or physical abuse of any minor under 18 years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987** (705 ILCS 405/2-1, *et seq.*;
- (20) **First degree murder**;
- (21) **Attempted first degree murder**;
- (22) **Conspiracy to commit first degree murder**;
- (23) **Attempted conspiracy to commit first degree murder**;
- (24) **Class X felony**;
- (25) Any **attempt to commit** any of the foregoing offenses; and

Any offense committed or attempted in **any other state** or against the laws of the United States which, if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses.

## Instructions

Read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

### When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

#### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  - 2. Record the document title, document number, and expiration date (if any) in Block C; and
  - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

**Form I-9, Employment Eligibility Verification**

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 documents have 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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

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 authorized 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 and 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 authorization.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

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 (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. 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)	3. School ID card with a photograph	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
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the 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	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	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	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	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)**



Name \_\_\_\_\_

### Board Rule and Policy Acknowledgement

Chicago Public Schools’ employees’ terms and conditions of employment are governed by the Board of Education’s Board Rules and Policies and, for certain employees, by collective bargaining agreements. All employees MUST be familiar with the requirements imposed on them by Board Rules and Policies.

Employees may access the Rules at: <http://www.cps.edu/Pages/home.aspx>. While all chapters of the Rules are important, Chapter 4 of the Rules addresses personnel issues and Chapter 6 addresses student and local school matters.

Employees can access the Policies at <http://policy.cps.k12.il.us> . Series 500 of the policies pertain to personnel, including non-discrimination (including disability accommodation request and sexual harassment complaint procedures) compensation, leave benefit days, and family and medical leave policies. Additionally, the Board’s Code of Ethics, Child Abuse and Neglect Reporting, confidentiality of student records and employee discipline and due process policies are all found on the policy website. The Board’s policy website contains a search engine as well as an index that make policies easily accessible to all employees.

By signing below, CPS employees acknowledge their responsibility to comply with all Board Rules and Policies and their understanding of how to access them.

\_\_\_\_\_  
*Employee signature*

\_\_\_\_\_  
*Date*

### Sworn Policy Statement with Respect to Certain Rules and Policies

**As a condition of hire and in accordance with certain state and federal regulations, CPS employees are required to certify their understanding of certain policies and rules in particular. By initialing each section you are acknowledging that you have read and understand the summary of those policies as provided below.**

**Drug and Alcohol Free Statement**

In accordance with Board Rule 4-4(c) and (h), I understand and certify that as a condition of employment with the Chicago Public Schools, I am drug and alcohol free and will remain so at the workplace during the course of my employment. I understand that the unlawful manufacture, distribution, possession, consumption, or use of illicit drug on school premises or as part of its activities is prohibited. Violation of this prohibition by employees will result in one of the following actions being taken: disciplinary supervision, discharge, required medical leave or treatment, or other appropriation action. Furthermore, I understand that the Office of Human Capital must be notified of any criminal drug statute conviction no later than five (5) days after such conviction.

\_\_\_\_\_ (Initial)

**Mandated Reporter Status**

Pursuant to the Abused and Neglected Child Reporting Act (23 ILCS 2051 *et seq.*) and the Chicago Board of Education’s Policy on the Reporting of Child Abuse and Neglect (Board Report 08-0723-PO2), I am required to call the Illinois Child Abuse Hotline (1-800-25-ABUSE) to report any reasonable suspicion I have that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge for calling the Hotline and that the Hotline operates 24-hours per day, seven days per week, and 365 days per year. I further understand that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor; I may lose my teaching or administrator’s license; and I may be disciplined, up to and including discharge, by the Chicago Board of Education (“Board”).

I understand that I must complete online training for mandated reporters of child abuse, <https://www.dcfstraining.org/manrep/index.jsp>, within one month of my date of hire, and that I must forward a copy of the Certificate of Completion of that training to my supervisor.

I understand that if I apply to work for another school district, my prospective employer may ask the Board if a report that I abused or neglected a child was made to the Hotline during my employment, and the Board will be required by statute, 325 ILCS 5/4, to inform my prospective employer/school district of any child abuse/neglect report about me that was not unfounded.

I affirm that I have read these statements and have knowledge and understanding of the reporting and notification requirements that apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_ (Initial)

**Compliance with the Chicago Board of Education’s Code of Ethics**

I understand that in carrying out my duties as an employee of the Chicago Board of Education I am expected to act in the highest ethical manner and preserve the public trust. To that end, I understand that I am bound by the terms of the Chicago Board of Education’s Code of Ethics (Board Report No. 04-0623-PO4, as may be amended), and that I may be subject to disciplinary action up to, and including termination for failure to adhere to the Code of Ethics.

\_\_\_\_\_ (Initial)

**Employees’ Enrollment of their Children at CPS Schools**

The children of CPS employees are not given preference in enrollment at any CPS schools. They are subject to the same policies and procedures governing enrollment of any child. Children who are not residents of the City of Chicago may not enroll in CPS magnet programs or schools, regional gifted centers, community academies, specialty schools, international baccalaureate preparatory programs, or international Baccalaureate programs or selective enrollment high schools. (See, Board Rule 5-17) Children who are not residents of the City of Chicago may enroll in CPS neighborhood schools in accordance with CPS enrollment policies but must pay tuition. For purposes of CPS policies, children reside in the city or town of their custodial parent; if there is no court order regarding custody; children are considered to live with the parent with whom they reside the majority of the time. CPS employees who give false information regarding the residency of their children in connection with their children’s enrollment in a CPS school are subject to discipline or dismissal will be liable for retroactive tuition payments.

\_\_\_\_\_ (Initial)

**Employees’ Certification that they Have Paid Municipal Debts and Obligation to Pay Municipal Debts.**

Board Rule 4-4(g) requires employees to pay their municipal debts (e.g., water bills, parking tickets, property taxes, other fines etc.) and makes the failure to do so cause for discipline or dismissal. By signing above the applicant certifies that he/she is in compliance with this policy and has no outstanding debt to the City of Chicago or other local government entity.

\_\_\_\_\_ (Initial)

**Family Medical Leave Act of 1993.**

The Board has a Family and Medical Leave Policy and a Supplemental Family and Medical Leave Policy. These policies establish eligibility criteria for leaves, seniority impact leave duration, any employee rights to return to a position at termination of leave, and rights to pay during leave. Any CPS employee who has been employed for at least 12 months and who has accrued 1,250 hours of service may take an unpaid leave of absence for a total of twelve (12) work weeks under the Family Medical Leave Act of 1993 (FMLA). Employees are required to use accrued vacation and/or sick days concurrently with any leave taken under this policy. Employees may access the Board’s Family and Medical Leave Act Policy at <http://policy.cps.k12.il.us/documents/513.1.pdf> and the Supplemental Family and Medical Leave Policy at <http://policy.cps.k12.il.us/documents/513.3.pdf>. Employees may access the Board Rule related to Family and Medical Leaves of Absence (4-12) at [http://www.cps.edu/About\\_CPS/The\\_Board\\_of\\_Education/Pages/BoardrulesChapterIV.aspx](http://www.cps.edu/About_CPS/The_Board_of_Education/Pages/BoardrulesChapterIV.aspx).

A Fact Sheet which describes these policies and rules in a simplified format is available at [hr4u.cps.edu](http://hr4u.cps.edu). This fact sheet contains a link to a 1-page chart showing eligibility and seniority impact.

\_\_\_\_\_ (Initial)



# Form W-4 (2012)

**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 2012 expires February 18, 2013. 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 \$950 and includes more than \$300 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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## 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>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <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>	<u>      </u>
<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>	<u>      </u>
<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>	<u>      </u>
<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>	<u>      </u>
<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 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children.</li> <li>• 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 . . . . .</li> </ul>	<b>G</b>	<u>      </u>
<b>H</b>	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.) ▶ <b>H</b>	<b>H</b>	<u>      </u>

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> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074 <b>2012</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.		
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>      </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>      </u>
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had 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 <u>      </u>
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 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: { \$11,900 if married filing jointly or qualifying widow(er)  
\$8,700 if head of household  
\$5,950 if single or married filing separately } . . . . . 2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2012 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 2012 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2012 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 \$3,800 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 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. 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 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 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.



### Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of Iowa, Kentucky, Missouri, or Wisconsin, or a military spouse, see Form W-5-NR, Employees Statement of Nonresidence in Illinois, to determine if you are exempt.

**Note** If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

### When must I file?

You must file Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You should complete this form and give it to your employer on or before the date you start working for your employer. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your previously claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

### When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation

is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

**Example:** If you have a baby and file a new Form IL-W-4 with your employer to claim an additional exemption for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

### How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have filed takes effect or until your employer is required by the department to disregard it. Your employer is required to disregard your Form IL-W-4 if you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption. Also, if the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4, your employer must also disregard your Form IL-W-4. Finally, if you claim 15 or more exemptions on your Form IL-W-4 without claiming at least the same number of exemptions on your federal Form W-4, and your employer is not required to refer your federal Form W-4 to the IRS for review, your employer must refer your Form IL-W-4 to the department for review. In that case, your Form IL-W-4 will be effective unless and until the department notifies your employer to disregard it.

### What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax. Therefore, your employer will withhold Illinois Income Tax based on your compensation minus the exemptions to which you are entitled.

### What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to

claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

### How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

**Note** If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

### What if I underpay my tax?

If the amount withheld from your compensation is not enough to cover your tax liability for the year, (e.g., you have non-wage income, such as interest or dividends), you may reduce the number of allowances or request that your employer withhold an additional amount from your pay. Otherwise, you may owe additional tax at the end of the year. If you do not have enough tax withheld from your pay, and you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty. You should either increase the amount you have withheld from your pay, or you must make estimated tax payments.

You may be assessed a **late-payment penalty** if your required estimated payments are not paid in full by the due dates.

**Note** You may still owe this penalty for an earlier quarter, even if you pay enough tax later to make up the underpayment from a previous quarter.

For additional information on penalties, see Publication 103, Uniform Penalties and Interest. Visit our website at [tax.illinois.gov](http://tax.illinois.gov) to obtain a copy.

### Where do I get help?

- Visit our website at [tax.illinois.gov](http://tax.illinois.gov)
- Call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336
- Call our TDD (telecommunications device for the deaf) at 1 800 544-5304
- Write to

ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19044  
SPRINGFIELD IL 62794-9044

# Illinois Withholding Allowance Worksheet

## General Information

Complete this worksheet to figure your total withholding allowances.

**Everyone** must complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.  
 I can claim my spouse as a dependent.

- Write the total number of boxes you checked. 1 \_\_\_\_\_
- Write the number of dependents (other than you or your spouse) you will claim on your tax return. 2 \_\_\_\_\_
- Add Lines 1 and 2. Write the result. This is the total number of basic personal allowances to which you are **entitled**. 3 \_\_\_\_\_
- If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of basic personal allowances or have an additional amount withheld. Write the total number of basic personal allowances you elect to claim on Line 4 and on Form IL-W-4, Line 1. 4 \_\_\_\_\_

## Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older.  I am legally blind.  
 My spouse is 65 or older.  My spouse is legally blind.

- Write the total number of boxes you checked. 5 \_\_\_\_\_
- Write any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4. 6 \_\_\_\_\_
- Divide Line 6 by 1,000. Round to the nearest whole number. Write the result on Line 7. 7 \_\_\_\_\_
- Add Lines 5 and 7. Write the result. This is the total number of additional allowances to which you are **entitled**. 8 \_\_\_\_\_
- If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of additional allowances or have an additional amount withheld. Write the total number of additional allowances you elect to claim on Line 9 and on Form IL-W-4, Line 2. 9 \_\_\_\_\_

**Note** If you have non-wage income and you expect to owe Illinois Income Tax on that income, you may choose to have an additional amount withheld from your pay. On Line 3 of Form IL-W-4, write the additional amount you want your employer to withhold.

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



Illinois Department of Revenue

## IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

- Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 \_\_\_\_\_
- Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 \_\_\_\_\_
- Write the additional amount you want withheld (deducted) from each pay. 3 \_\_\_\_\_

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer:** Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

**Frequently Asked Questions - Mandated Reporters**  
 Section 511.1, Board Report No. 05-0126-PO3

**1. What is a Mandated Reporter?**

Mandated Reporters are adults who are required by law to call the Illinois Department and Children and Family Services Child Abuse Hotline immediately, if they have reasonable cause to believe that a child they know in their official capacity may have been abused or neglected.

**2. As a CPS employee, am I a Mandated Reporter?**

Yes. All adults who work in schools are required by law to report their reasonable suspicions of child abuse/neglect. Your legal obligation is not satisfied when you advise your principal or supervisor of your suspicions. If you suspect child abuse or neglect, it is your individual responsibility to call the Hotline.

**3. What will happen if I do not report my reasonable suspicions of child abuse/neglect?**

Failure to report child abuse is a crime, which may also subject you to discipline by the Board of Education. Certificated employees who willfully fail to report can have their teaching or administrative certificates or endorsements suspended.

**4. How do I make a report?**

Call 1-800-25-ABUSE (1-800-252-2873). Follow the procedures in the Board’s policy on “Reporting of Child Abuse and Child Neglect,” <http://policy.cps.k12.il.us/documents/511.1.pdf>.

**5. What if DCFS decides that the child I reported was not abused or neglected?**

It is your job to report your reasonable suspicions. It is DCFS’s job to decide whether a child needs protection. You are immune from liability, meaning you cannot be successfully sued, if you make a report in good faith, even if DCFS ultimately “unfounds” the report (decides that it is unlikely that abuse occurred). The law presumes that you are acting in good faith, so it is the burden of the person who challenges your report to prove that you acted in bad faith.

**Please note:** All CPS employee must complete “Recognizing and Reporting Child Abuse: Training for Mandated Reporters.” A link for the training is located on the CPS website, <http://www.cps.k12.il.us> on the left side under “News.”

- Click on the “Training for Mandated Reporter” link. Fill in your name.
- Check yes that you work in Illinois and for CPS.
- In the next box, type in your nine-digit Employee Identification number, which appears on your pay stub under your name and address?
- After you have completed the training, please email or print out and deliver the Certificate of Completion to your supervisor, and keep a copy for your records.

Employee Name (Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Cooperating with DCFS in Investigating Child Abuse/Neglect

When a DCFS Division of Child Protection investigator comes to the school to follow up on a Hotline call:

1. Ask to see the investigator's identification and note on the school log her/his name, title, and telephone number. Do not ask to photocopy the investigator's identification card, as it includes his/her Social Security number.
2. If you are the Mandated Reporter who called the Hotline, cooperate fully with the investigator by answering his/her questions. If photographs were taken of the child's injuries, make sure the investigator receives copies.
3. If the investigator asks to interview the child who is the subject of the report, ask the investigator to complete the "CPS Student Interview Request Form."  
<http://policy.cps.k12.il.us/documents/705.6>. Place this completed form in the student's temporary school record.
4. Provide a private place for the investigator to interview the student. The principal's office is not a good interview location because children are often sent there for reprimands and discipline. Many children believe they are being abused because they are bad, and conducting the interview in the principal's office only adds to the misperception that the abuse is their fault.
5. School staff may ask to be present during the interview, but you have no right to attend unless the investigator, in his/her sole discretion, grants your request.
6. No school employee should notify the parent or guardian, who is the alleged perpetrator of the abuse or neglect, of the DCFS investigation. The investigator will handle the notification.
7. If the investigator asks to interview any child who is not the subject of the report, follow the steps in the Procedures for Interviewing CPS Students,  
<http://policy.cps.k12.il.us/documents/705.6>.
8. Preserve the child's confidentiality by discussing your suspicions only with the alleged victim, your supervisor, the school nurse or social worker, any employee of DCFS, the Police Department or the State's Attorney's Office, and the child's attorney or guardian *ad litem*.
9. If you have any questions about your obligations as a Mandated Reporter, please call the Law Department at 773-553-1700.

## Sworn Statement Regarding Retention and Management of Student Records and Business/Public Records

This form is to verify that all Chicago Public Schools employees are aware of the legal requirements that govern the retention and management of student and business/public records and information. You may view the Policies on the Guidelines for Maintenance of Student Records by logging onto <http://policy.cps.k12.il.us/documents/706.1pdf> and the Management of Business Records by logging on to <http://policy.cps.k12.il.us/documents/203.2pdf>.

Name: \_\_\_\_\_

### **I understand and acknowledge that:**

1. As an employee of the Board of Education of the City of Chicago (Board), any information or documents (whether in paper or electronic format) that are produced, executed, received, or maintained as part of employment with the Board are considered business/public records, student records, or employee records which must be maintained for time periods required by law.
2. The Illinois Local Records Act, Illinois School Student Records Act, Illinois Administrative Code, and the Local Records Commission of Cook County regulate records maintenance and retention for records of Board records. The Local Records Commission of Cook County approves the retention periods for all of the Board's record and must provide approval before any records can be destroyed.
3. No records may be shredded, discarded, thrown away, or otherwise destroyed without first being documented and approved by the Local Records Commission of Cook County. Altering, destroying, removing, concealing, or otherwise tampering with records is a criminal offense.
4. Whenever there is doubt as to whether or not information qualifies as a record, employees should treat the information as a record that cannot be destroyed without going through the Board's approval process for disposing of records.
5. All business/public records, student records, and employee records belong to the Board and should not be treated as personal property. All records must remain in Board custody upon transferring, changing position, or terminating employment with the Board for any reason.

**By signing this affidavit, I acknowledge and represent that I have fully read and understand the requirements, and agree to abide by all Board's Policies regarding the maintenance and retention of records.**

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

***Employee Sworn Residency Statement***

This form is used to verify that all Chicago Public Schools (CPS) employees are aware of and comply with the Board of Education's Residency policy, which requires all employees hired on or after November 20, 1996 to reside in Chicago unless they are granted a residency waiver at the time of hire. By completing this form, you are acknowledging this policy. You may review the Residency Policy by logging into <http://policy.cps.k12.il.us/documents/502.1.pdf> . All employees must comply with the Residency Policy as a continuing condition of employment.

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

Name \_\_\_\_\_  
(Please Print)

Position/Title \_\_\_\_\_

**I understand and acknowledge that:**

- As a condition of employment with the Chicago Public Schools (CPS), I must be an actual resident of the City of Chicago within six (6) months of the date of my employment with the CPS, unless I apply for a Special Needs Waiver within 31 calendar days of my hire date and the Board grants the waiver. (See reverse for information on special needs waivers).
- I may obtain a copy of the CPS Residency Policy, 09-0325-RS4 at <http://policy.cps.k12.il.us/documents/502.1.pdf>
- If I am not now a resident of Chicago and do not qualify for a Special Needs Waiver, I have six (6) months from my date of hire to move into Chicago and submit my Chicago address to the Talent Office and to my principal/unit head. I will update my address in CPS@Work and forward necessary information to Employee Records.
- I agree to report any change of my address – whether in or out of the city – to the Talent Office and to my principal/unit head within 14 calendar days of moving. I will update my address in CPS@Work and forward necessary information to Employee Records.
- Falsification of my statement or failure to notify the Talent Office and my principal/unit head in a timely manner of any change of address shall constitute grounds of discharge.

My address is \_\_\_\_\_

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

**By signing this residency affidavit, I acknowledge and represent that I have fully read and understand this residency policy and further certify that the information that I have provided herein is true and correct.**

Signed \_\_\_\_\_ Date \_\_\_\_\_



**INFORMATION REGARDING SPECIAL NEEDS WAIVERS:**

The following information on the Special Needs Waiver provisions of the Residency Policy is a summary only. Employees interested in such waivers must read the Policy. In the event of any conflict between this summary and the Policy, the Policy will control.

***Eligibility for Waivers.***

To be eligible for a Special Needs Waiver, the following must apply:

- ✓ The employee must submit an application for a Special Needs Waiver to Recruitment and Workforce Planning, at 125 South Clark Street, 2nd, Floor, Chicago, Illinois 60603 within 31 days of hire.
- ✓ The employee must have resided outside the City of Chicago at the time of hire (current employees who move out of the City of Chicago are not eligible for a Special Needs Waiver).
- ✓ The employee must have been hired to a designated “special needs” position and properly certified to teach that designated “special needs” position.

***Terms of Waivers.***

Waivers are granted for three years. Employees granted waivers may reapply upon expiration if eligible. Employees who cease to be eligible are granted 6 months from the expiration of the waiver to reapply.

***Special Needs Positions.***

The Board of Education designates Special Needs Positions each year by Resolution. In March 2009, the Board designated the following as special needs positions (Board Report 09-0325-RS4)

- Special education teachers.
- Mathematics teachers.
- Science teachers.
- Librarians.
- School Psychologists.
- Guidance Counselors.
- Speech Pathologists.
- School Nurses.
- Reading Teachers.
- Bilingual Teachers.
- Physical Education Teachers.
- ROTC Military Instructors, ROTC Supervisor, and ROTC Administrative Assistant.
- Sign language Interpreters.
- Occupational and Physical Therapists.
- Health Service Nurses.
- World Language Teachers in Low Incidence Language Course Offerings specifically Chinese, Arabic, Russian, Latin, and Farsi.

***Applications/Additional Information.***

Please ask your Employee Services Representatives for an Application for a Special Needs Wavier if you believe that you are eligible for a waiver and not currently a City of Chicago resident. Please note that the application must be submitted to Recruitment and Workforce Planning, 125 South Clark Street, 2nd Floor, Chicago, Illinois within 31 days. Applications will be granted or denied generally within 6-8 weeks of receipt. **YOU MUST BECOME AND REMAIN A RESIDENT OF THE CITY OF CHICAGO UNLESS YOU RECEIVE NOTICE THAT A SPECIAL NEEDS WAIVER HAS BEEN GRANTED.** For additional information regarding Special Needs Waivers application procedures, please call a Recruitment and Workforce Planning Representative at (773) 553-1045 or via email at [ResidencyWaivers@cps.k12.il.us](mailto:ResidencyWaivers@cps.k12.il.us). If you require additional information, please refer to the Policy.

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

**Teacher**

**Educational Support Personnel**

**Employee Name:** \_\_\_\_\_ **Employee ID #:** \_\_\_\_\_

**Employer Name:** Chicago Board of Education **EmployerID #:** District#299

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 2008, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$355.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the 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 the Social Security publication, “Government Pension Offset.”

**For More Information**

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

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

**Signature of Employee:** \_\_\_\_\_

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

It is the policy of the Board of Education of the City of Chicago not to discriminate on the basis of race, color, religion, national origin, age, disability, gender, sex or sexual orientation. Inquiries concerning the application of Title IX of the Education of Amendments of 1972 and the regulations promulgated there under concerning sex discrimination and/or inquiries regarding disability accommodations should be referred to the Equal Opportunity Compliance Manager, Chicago Public Schools, 125 South Clark, Chicago, IL 773 553-2688 (TTY-773-553-2699).