

CERTIFICATED SUBSTITUTE CHECK SHEET

Substitute Provides Required Doc's:

Personnel Office use only:

Application

Credential/Emergency & TCC

Permit Dates _____

DOJ/County Clearance _____

1st Time Teacher Physical _____

Retired Teacher Physical _____

Transcripts – Major _____

Date Awarded _____

CBEST _____

Freedom from TB _____

Driver's License

Social Security

Substitute Receives:

New Hire Packet – Certificated Check
Sheet Information Packet (sub keeps)
Policies & Procedures Brochure
Workers' Compensation Handbook
School List with Site Map
Student Calendar
CASE Quick Reference Brochure/Card
Substitute Parking Pass
Substitute Handbook

Substitute's Last Name, First

Social Security Number

() _____

Call Back Number/Access ID Number

Alternate Phone Number

Substitute completes: Payroll Documents

I-9 Eligibility

Tax Forms (US & CA)

Employee Identification Form

Beneficiary Form

Loyalty Oath of Office Form

Adult/Child Protection Provisions

WCOMP Verification Receipt

TCC (for 30 day permit)

Certificated Rate Request

STRS Permissive Elect/Acknowledge Form

Employment Doc. Verification

Subject Preference Sheet

Personnel Office use only:

CASE Orientation Date _____

CASE Database Date _____

STRS Membership (REAPE)

 District Screens 1, 6, 8, & 9

Assignment – Board, County and File Copy

STRS Election & Rate Request
Originals to KCSOS Retirement

SCAN to Pre-employment: Assignment, New
Hire Packet, Application, Required
Documents



Employment Eligibility Verification

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

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

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

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

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

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

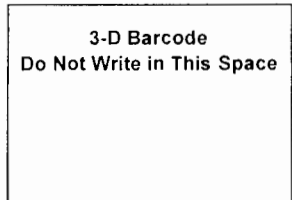
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



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

Foreign Passport Number: _____

Country of Issuance: _____

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

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
			PERSONNEL TECHNICIAN III	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name		
FLORES	OLGA	KERN HIGH SCHOOL DISTRICT		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
5801 SUNDALE AVE		BAKERSFIELD	CA	93309

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

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

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G	
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2013
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	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
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)

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

- Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2013 _____
 OR
- Additional amount of state income tax to be withheld each pay period (if employer agrees). Worksheet C _____
 OR
- I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number
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----- cut here -----

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

- You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,
- You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding**

allowances you claim on your Form W-4 withholding allowance certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form, and for federal withholding use the Internal Revenue Service (IRS) Publication 919 or federal withholding calculations.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption automatically expires on February 15 of the next year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted before February 15. If you are not having federal income tax withheld this year but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

EMPLOYEE IDENTIFICATION INFORMATION

Name:		S.S.#:	
Address:		Phone #:	() -
		Cell #:	() -
City:		Dr. License #:	
Date of Birth		Place of Birth:	

Gender: Male/Female Eye Color: Ht.: Wt.: Hair Color:

Section 1233 of the California government code permits school districts to solicit from employees a voluntary declaration of their racial/ethnic group membership. Information provided will assist the office in accurately compiling required statistical reports for Federal and State agencies. A separate confidential file will be established for these forms, and none of the information will be used to discriminate against or give preference to any individual in any personnel transaction.

NEW FEDERAL RACE AND ETHNICITY DATA COLLECTION AND REPORTING REQUIREMENTS, THIS TWO-PART QUESTION SEPARATES ETHNICITY AND RACE:

Are you Hispanic or Latino? Yes No

The above part of the question is about ethnicity, not race. Regardless of what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- American Indian or Alaska Native 100 Black or African American 600
- White 700

Asian:

- | | | |
|---|---|---|
| <input type="checkbox"/> Chinese 201 | <input type="checkbox"/> Japanese 202 | <input type="checkbox"/> Korean 203 |
| <input type="checkbox"/> Vietnamese 204 | <input type="checkbox"/> Asian Indian 205 | <input type="checkbox"/> Asian Indian 206 |
| <input type="checkbox"/> Laotian 206 | <input type="checkbox"/> Cambodian 207 | <input type="checkbox"/> Filipino 400 |
| <input type="checkbox"/> Hmong 208 | <input type="checkbox"/> Other Asian 299 | |

Native Hawaiian or Pacific Highlander:

- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Hawaiian 301 | <input type="checkbox"/> Guamanian 302 | <input type="checkbox"/> Samoan 303 |
| <input type="checkbox"/> Tahitian 302 | <input type="checkbox"/> Other Pacific Islander 399 | |

Name of Spouse:

In case of emergency, notify:

Name: Phone #:

HOURLY PAYROLL INFORMATION

Salary payments for all substitute employees on the hourly payroll are made on the 15th day of the month for all work performed the previous month. Pay warrants are mailed to your home address. Written authorization to the Personnel Department is required for address changes and should include name, new address, social security number, signature and effective date.

Kern High School District
Personnel Division
5801 Sundale Avenue
Bakersfield, Ca 93309

**DESIGNATION OF BENEFICIARY
UNDER GOVERNMENT CODE SECTION 53245**

Under the provisions of Government Code article 2.7, Section 53245,

I hereby designate the following person to receive warrants issued by the Kern High School District upon my death:

Beneficiary's Name

Beneficiary's Social Security Number

Beneficiary's relationship to you

The person so designated above shall claim such warrants from the Kern High School District. On sufficient proof of identity, the Kern High School District shall deliver the warrant to said designee. A person receiving a warrant pursuant to this section is entitled to negotiate it as if he/she were the payee.

Employee Signature

Witness

Date

Kern High School District
Personnel Division
5801 Sundale Avenue
Bakersfield, Ca 93309

CHILD PROTECTION PROVISIONS

1. SECTION III66.5 of the Penal Code reads as follows:

“Any person who enters into employment on and after January 1, 1985, as a child care custodian, medical practitioner, or non-medical practitioner, or with a child protective agency, prior to commencing his or her employment and as a prerequisite to that employment, shall sign a statement or form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 (of the Penal Code) and will comply with its provisions.”

2. SECTION 11166 of the Penal code requires any child care custodian (including teachers, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school) who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been a victim of child abuse to report the known &/or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

I certify that I have read and understand the provision of Penal Code Section 11166 as expressed in Paragraph 2 above.

Signature

Date



KERN HIGH SCHOOL DISTRICT

Receipt of

SELF-INSURED SCHOOLS OF CALIFORNIA (SISC)
MEDICAL PROVIDER NETWORK (MPN)
EMPLOYEE HANDBOOK

and

PREDESIGNATION OF PERSONAL PHYSICIAN FORM

Employee Name PLEASE PRINT

Date Handbook was Received

KHSD

CERTIFICATED SUBSTITUTE

School Site / Location

Job Title

Employee Signature

Social Security Number

Please return to Personnel, Workers Compensation after completed.
Revised 6/1/08

LAST NAME (print or type)

FIRST NAME

APPLICATION FOR TEMPORARY COUNTY CERTIFICATE

Applicant: _____
Last First Middle Initial

SS# _____ - _____ - _____ D.O.B. _____ - _____ - _____

Type of Credential(s) (check all that apply below):

New___ Renewal___ Prelim___ Clear___ Permits: Subst. ___ PIP___ STSP___

I certify that I have filed an application for the credential(s) described below:

_____ Subject Area: _____

Application Date: _____ Expiration Date: _____

Application was made through the following agency:

- _____ 1. Direct to the Commission on Teacher Credentialing (CTC) Mail On-line
- _____ 2. Kern County Superintendent of Schools Office (KCSOS)
- _____ 3. College or School District: _____
Name of College or School District

1. **EMPLOYEE AFFIDAVIT** - *Not to be completed by applicant if any of the following apply:*
- a. The fitness of applicant to hold this credential or any credential is currently under review by the Committee of Credentials.
 - b. Applicant has an appeal currently pending from prior denial of this credential by the CTC or Committee of Credentials.
 - c. Applicant's credentials are currently under disciplinary suspension or revocation.
 - d. Applicant is aware that he/she does not meet minimum requirements for credential sought.

I certify (or affirm) under penalty of perjury that I have provided true and accurate statements of all facts relating to my professional and personal qualifications for performance of service requiring certification, and that I have submitted my complete application for Credential Authorizing Public School Service to the CTC, together with the required fee. To the best of my knowledge, no reason exists why I should not be issued this certificate or permit.

Signature of Applicant: _____ Date: _____

2. **EMPLOYER AFFIDAVIT** - *To be completed by employing official.*

I certify (or affirm) under penalty of perjury that I have made diligent inquiry into the qualifications and fitness of this applicant, and based on his/her statements and documents which I believe to be true and accurate, I have determined that he/she has all qualifications required by law for the performance of service requiring certification, except actual possession of a certificate, and that he/she submitted his/her complete application for a Credential Authorizing Public School Service, together with the required fee.

Based upon such information and belief, and by authority of this office and Education Code Section 44332, I hereby request issuance of a temporary certificate for the purpose of authorizing salary payment to this applicant for his/her services to be performed pending issuance of a regular certificate.

Signature of Authorizing Officer School District

Title County

3. **CERTIFICATE** - *To be completed by County Superintendent*

This is to certify that a temporary _____ certificate is issued to the person named above under the authority of Section 44332 of the Education Code. This certificate is valid for service in the schools of this county from _____ to _____, four months from the issuance date or until the credential applied for is either granted or denied by the CTC or the application is withdrawn by the applicant. Under no circumstances will this certificate be valid for longer than the term of the credential.

Effective 7/1/08, KCSOS implemented the following procedure:
If the CTC returns a Substitute or Credential packet for additional information and the County Office of Education is notified, it will cancel any Temporary County Certificate (TCC) that it has issued until the information requested is provided and returned to the CTC. When the packet is returned to CTC through KCSOS or the employing school district (and the district notifies this office), KCSOS will reactivate the TCC for the remainder of the term. This will ensure compliance under Ed Code § 44332(b).

Application Received by: _____ Title: _____ Date: _____

Signature _____
County Superintendent of Schools

- 11 Member
- 02 Non-member
- 61 Retired
- 81 Elect into STRS (form attached)

Date Received at District _____

OFFICE OF CHRISTINE LIZARDI FRAZIER
KERN COUNTY SUPERINTENDENT OF SCHOOLS

CERTIFICATED RATE REQUEST

FULL NAME

_____ SOCIAL SECURITY # _____
 Last First M.I./Maiden BIRTHDATE _____
 SEX: M F

RETIREMENT STATUS

This questionnaire is required to determine your current STRS status. Please answer all questions accurately and completely. An incorrect status can result in mandatory collection of contributions due STRS.

List previous CALIFORNIA teaching, and show County:

(month) _____ (year) _____ through (month) _____ (year) _____ in _____ County
 (month) _____ (year) _____ through (month) _____ (year) _____ in _____ County

1. Do you currently have funds on deposit with STRS? Answer NO if you have recently applied for a refund. Yes No
 If you had a refund, when _____
2. Have you retired from STRS and are receiving a monthly pension from them? Yes No
 If retired, have you a physical exam form on file? Yes No
3. Are you retired from another system? Yes No
4. Do you currently have funds on deposit with PERS (Public Employees Retirement System) from service performed as a classified (non-teaching) school employee? Yes No
5. Are you currently working in a full-time position that is supported by public funds? (County, State, Federal, etc.) Yes No
 If so, where _____
6. Are you currently working full time in a school district that is in another county? Yes No
 If so, where _____
7. Are you currently employed full time in any other school district in Kern County? Yes No
 If yes, District _____
 certificated
 classified
8. If you are not a current STRS member and do not qualify for STRS membership with your current employment, would you like to elect membership? If so, an election form must be attached. Yes No

PRESENT TEACHING STATUS

District _____ Beginning Date of Work _____

Full-time Contract Part-time Contract Hourly (adult education)
 Extended Day Home Teaching Substitute

Permissive Membership

ES 0350 (Rev. 6/11)



California State Teachers' Retirement System
 P.O. Box 15275, MS 17
 Sacramento, CA 95851-0275
 800-228-5453
 CalSTRS.com

PERMISSIVE ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PLAN MEMBERSHIP INFORMATION

An employee who performs creditable service (Education Code Section 22119.5), and who is excluded from mandatory membership pursuant to Section 22601.5, 22602, or 22604, may elect membership in the California State Teachers' Retirement System (CalSTRS) Defined Benefit Program at any time while employed to perform creditable service. If you elect membership below, then your election becomes irrevocable until you terminate employment. This form containing your election must be on file with CalSTRS before your employer submits contributions into the program.

EMPLOYEE CERTIFICATION

NAME (LAST, FIRST, INITIAL) CLIENT ID OR SOCIAL SECURITY NUMBER

MAILING ADDRESS POSITION TITLE
 ()

CITY STATE ZIP CODE HOME TELEPHONE

E-MAIL ADDRESS

With my signature below, I certify that I have received information from my employer on my eligibility to elect membership in CalSTRS Defined Benefit Program and that I am making the following election. I fully understand this election is irrevocable and applies to all future creditable service until I terminate employment.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and a fine of up to \$5,000 (Education Code Section 22010).

I elect membership I decline membership at this time

SIGNATURE DATE

TO BE COMPLETED BY EMPLOYER

With my signature below, I certify that the above-named employee has been provided with the membership criteria for the CalSTRS Defined Benefit Program, and if applicable, was informed within 30 days of hire that they may elect membership in the Program at any time while employed. (Education Code section 22455.5).

OFFICIAL'S SIGNATURE TITLE

COUNTY (or Other Employing Agency) DISTRICT

EMPLOYEE #	SEX		BIRTHDAY (MO/DAY/YEAR)	MEMBERSHIP DATE (MO/DAY/YEAR)	ASSIGNMENT		
	MALE	FEMALE			FT	PT	SUB



ES0350

**KERN HIGH SCHOOL DISTRICT
PERSONNEL DIVISION**

EMPLOYEE DOCUMENT VERIFICATION

I HAVE RECEIVED AND UNDERSTAND THAT IT IS MY OBLIGATION
TO READ AND COMPLY WITH THESE DOCUMENTS.

- Drug-Free Workplace
- Tobacco-Free Workplace
- Sexual Harassment Policy
- Harassment & Discriminatory Intimidation Policy
- Gun-Free Workplace Notice to Employees

I have received information on the following:

- Child Protection Provision
- Designation of Beneficiary
- Loyalty Oath
- Retirement Plan
- Worker's Compensation
- Pay Dates
- Workdays & Holidays

Employee Name (please print)

Employee Signature

Date

KHSD SUBSTITUTE TEACHER PREFERENCE SHEET

NAME:		DATE:	
SOCIAL SECURITY NUMBER:		PHONE:	
ADDRESS:		ZIP CODE:	
MAJOR:		MINOR:	

SELECTIONS CAN BE MADE AS A GROUP OR INDIVIDUALLY, RANK SELECTION WITH A 1 OR 2, SELECT SITE PREFERENCE BY CHECKING A REGION OR INDIVIDUAL SCHOOL SITE, NO INTEREST LEAVE THE BOX BLANK.

#1 = SUBJECT AREA STRENGTH #2 = WEAKER SUBJECT AREA BLANK = NO INTEREST

Rank Subjects Preferred or Select Group by Subject		In Town Schools by Region Cont.:	
004 - Core Subjects:	008 - Disciplinary Subjects:	7000 – Northern Region:	
039 - Drama	105 - Opportunity Frosh/Soph.	11014 - Centennial High	
040 - English	117 - Retention Junior/Senior	16018 - Frontier High	
050 - Arts/Crafts	255 - In School Suspension	11025 - Liberty High	
054 – Music (Instr./Vocal)	230 - Independent Study - 13050	11027 - North High	
100 – Math		12044 - Vista West Continuation	
114 - PE Boys			
115 - PE Girls	All Locations Preferred Check Here	80000 – Southern Region:	
120 - Science	All In Town Schools - 10000	11019 – Golden Valley High	
130 - Social Studies	All Out of Town Schools – 60000	11022 - Independence High	
155 - Health	All Special Ed. Centers - 4000	11029 - Ridgeview High	
		11033 - South High	
005 - Vocational Subjects:	Out of Town Schools:	11034 - Stockdale High	
010 - Agriculture	31011 - Arvin High		
030 - Business/Tech.	22041 - Central Valley Contin. (Shafter)	90000 – Eastern Region:	
035 - Law Enforcement	41023 - Kern Valley (Lake Isabella)	13072 – Bakersfield Adult School (BAS)	
036 - Criminal Justice	32043 - Nueva Contin. (in Lamont)	11015 - East High	
038 - Diesel/Ag	21031 - Shafter High	11017 - Foothill High	
080 - Home Economics	42048 - Summit Contin. (Lake Isabella)	11021 - Highland High	
085 - Industrial Arts		11026 - Mira Monte High	
240 - ROTC	Select Region or Individual School	14099 - Regional Occupational Ctr (ROP)	
	50000 – Central Region:	12042 – Tierra Del Sol Continuation	
	11012 - Bakersfield High	12040 Discovery (BAS) 5 th year Seniors	
006 - Foreign Language:	11072 - Bakersfield Adult School "F" St.	West:	
61 - Spanish	12045 – Vista Continuation "P" St.	11035 - West High	
62 - French			
63 - German			
	All Special Education Centers:		
007 - Miscellaneous:	14057 - ABLE (BAS)	Severely disabled young adults 18-22	
007 - Librarian	14055 - ABLE (Stockdale Hwy)	Pre-vocational training for severely disabled 18-22	
082 - Pace/Pre-School	12043 - A.I.M. (Vista West)	Behavioral program for students primarily 14-18	
150 - State Requirements	14074 - BARC (So. Union Ave.)	Recycling Center Vocational Training, young adults	
160 - G E D (BAS)	14054 - Constellation (BAS)	Students referred by home schools, students 14-18	
200 - Special Education	14052 - Aurora Learning Ctr. (Niles)	Severely emotionally disturbed, young adults	
205 - Sign Language	14051 - Ruggenberg Career Center	Vocational Training Learning Disabilities	
220 - ELD (English Lang. Dev.)	14056 - Schuetz Career Center	Vocational Training Learning Disabilities	

Daily Availability: Mon. Tues. Wed. Thurs. Fri.

Comments: