

WALKER COUNTY DEPARTMENT OF EDUCATION  
PO BOX 29  
LAFAYETTE, GEORGIA 30728

APPLICATION FOR SUBSTITUTE TEACHER

NAME: \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
 (STREET) (CITY) (STATE) (ZIP)

HOME PHONE: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Date of application: \_\_\_\_\_ Date available for employment: \_\_\_\_\_

Check grade level(s) at which you wish to work: ( ) P-5 ( ) 6-8 ( ) 9-12

If you are only interested in working at specific schools, please list on the line below:  
 \_\_\_\_\_

I would consider accepting a custodial substitute position\* ( ) Yes ( ) No

\*Custodial substitutes are only utilized with the approval of the Director of Personnel Services after consultation with the school principal.

**Education Record**

<i>Dates From - To</i>	<i>School Attended</i>	<i>Address</i>	<i>Diploma/Degree</i>

**Previous Work Experience Record**

<i>Dates From - To</i>	<i>Company/Firm</i>	<i>Address</i>	<i>Type Work</i>	<i>Name of Supervisor</i>

(LIST REFERENCES AND SIGN AFFIRMATION ON NEXT PAGE))

**References:** Please list below three (3) persons qualified to give information to show your fitness for the position you seek. One should be able to give a character reference. Your current or most recent supervisor **MUST** be listed as one of the three references.

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Relation to Applicant</i>

**Please answer the following questions:**

- Have you ever worked for the Walker County School System? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please briefly explain the reason for your separation from employment.

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- Have you ever been convicted or pled nolo contendere for violation of any federal law, state law, county or municipal law, regulation, or ordinance other than a minor traffic violation?  
(Exclude events prior to age 17) Yes \_\_\_\_\_ No \_\_\_\_\_

Consideration for employment is contingent upon a clear criminal record check

I affirm to the best of my knowledge that all information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AN EQUAL OPPORTUNITY EMPLOYER**

# SUBSTITUTE TEACHER APPLICANT CHECK LIST

Thank you for your interest in applying for substitute teacher in Walker County.

**In order to promptly process your application, please be sure the following criteria is completed and submitted correctly.**

- ❖ Have the principal recommendation completed
- ❖ Read and sign Walker County Board of Education Internet Policy
- ❖ Read and sign Walker County Board of Education Acknowledgement of No Right to Unemployment Compensation
- ❖ Read and sign the Injuries on the Job form, please keep the “Official Notice” with the panel of doctor’s listed for your records. This notice is also posted at schools in accessible locations
- ❖ Read and sign the Confidentiality Assurance Statement
- ❖ Complete all tax forms
- ❖ Complete Employment Eligibility Verification, Form I-9
- ❖ **Send copies of the following items:**
  - High school diploma, GED, or college transcripts (If you are a certified teacher or hold a paraprofessional certificate, please send copy of current or expired teaching or paraprofessional certificate)
  - Social Security Card and Driver’s License or items from the I’9 list of acceptable documents
  - Certification of Completion for Substitute Training Class. All registrations must be made online @ [www.nwgaresa.com](http://www.nwgaresa.com). Follow the blue “Substitute Teacher Training link”. The fee for the class is a **\$50.00 nonrefundable fee at the time of online registration** in order for the participant to be registered to attend the training.  
**If you are a certified teacher or hold a paraprofessional certificate (current or expired), you may disregard this certificate.**
  - Criminal Record Check (see details below)
- ❖ You must take the completed forms of the Criminal Record Check to the Walker County Sheriff’s Department. **The fingerprinting fee is \$55.00.** You may take cash, cashier’s check or money order, made payable to the Walker County Sheriff’s Department. Please return the third page of these forms “MEMORANDUM” to the Walker County Board of Education after you have completed your fingerprinting. This will be our record in order to request your fingerprinting information from the Walker County Sheriff’s Department for your application. **The days/hours available for fingerprinting at the Walker County Sheriff’s Department are Monday through Thursday 9:00 to 3:30.**
- ❖ Complete the Teacher Retirement Statement
- ❖ Complete Direct Deposit Authorization form  
\*\*Direct deposit is not required but we strongly encourage you to sign up for this benefit.

**\*\*\*\*\*YOU MUST BE AGE 22 OR ABOVE TO SUBSTITUTE  
AT THE HIGH SCHOOL LEVEL\*\*\*\*\***

If you have any questions, please feel free to contact the Attendance\Substitute Payroll office of the Walker County Board of Education at 706-638-7959

**Principal Recommendation of Applicant for Substitute Teacher  
Training or Approval**

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Name of Applicant (please print)

I have interviewed this applicant and checked references listed on the application. To the best of my knowledge this person is qualified to be a substitute teacher in Walker County Schools.

I recommend this applicant to receive substitute training in preparation for submission to the BOE for official approval.

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Principal's Printed Name

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School Name

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Principal's Signature

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Date

The following documentation is attached to this application:

**(Check those that apply)**

- Georgia Teaching Certificate (current or expired) based on baccalaureate degree or higher
- Out-of-State Teaching Certificate (current or expired) based on baccalaureate degree or higher
- College transcript showing completion of a baccalaureate degree or higher
- Transcript showing at least one year of post secondary training beyond high school diploma
- High School Diploma
- GED Certificate

For persons having a current or expired Georgia certificate:

- W-4 and G-4 forms

**Walker County School District  
Acceptable Use Policy (AUP) for Employees**

**Board Policy Code: IFBG  
Date: July 18, 2011**

It is the belief of the Walker County Board of Education that the use of technology for the purpose of information acquisition, retrieval, manipulation, distribution and storage is an important part of ensuring all students graduate - ready for college, ready for work, ready for life! The Board further believes that a "technology rich" classroom can significantly enhance both the teaching and learning process. This technology includes computer hardware, software, local and wide area networks, and access to the Internet. Due to the complex nature of these systems and the magnitude of information available via the Internet, the Walker County Board of Education believes guidelines regarding acceptable use are warranted in order to serve the educational needs of students. It shall be the policy of the Walker County Board of Education that the school system shall have in continuous operation, with respect to any computers belonging to the school having access to the Internet via the school district's network:

1. A qualifying "technology protection measure," as that term is defined in Section 1703(b)(1) of the Children's Internet Protection Act of 2000; and
2. Procedures or guidelines developed by the superintendent, administrators and/or other appropriate personnel which provide for monitoring the online activities of users and the use of the chosen technology protection measure to protect against access through such computers to visual depictions that are (i) obscene, (ii) child pornography, or (iii) harmful to minors, as those terms are defined in Section 1703(b)(1) and (2) of the Children's Internet Protection Act of 2000. Such procedures or guidelines shall be designed to:
  1. Provide for monitoring the online activities of users to prevent, to the extent practicable, access by minors to inappropriate matter on the Internet and the World Wide Web;
  2. Educate minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, cyberbullying awareness and response as required by the Children's Internet Protection Act;
  3. Prevent unauthorized access, including so-called "hacking," and other unauthorized activities by minors online;
  4. Prevent the unauthorized disclosure, use and dissemination of personal identification information regarding minors; and
  5. Restrict minors' access to materials "harmful to minors," as that term is defined in Section 1703(b)(2) of the Children's Internet Protection Act of 2000.

The district's technology resources are provided for educational purposes that promote and are consistent with the instructional goals of the Walker County School System. Use of computers and network resources outside the scope of this educational purpose is strictly prohibited. Students and employees accessing network services or any school computer shall comply with the district's

acceptable use guidelines. The district reserves the right to monitor, access, and disclose the contents of any user's files, activities, or communications. It must also be understood that the Internet is a global, fluid community, which remains largely unregulated. While it is an extremely valuable tool for educational research, there are sections that are not commensurate with community, school, or family standards. It is the belief of the Board that the Internet's advantages far outweigh its disadvantages. The Walker County Board of Education will, through its administrative staff, provide an Internet screening system which blocks access to a large percentage of inappropriate sites. It should not be assumed, however, that users are completely prevented from accessing inappropriate materials or from sending or receiving objectionable communications.

Additionally, access to the Internet and computer resources is a privilege, not a right. Therefore, users violating the Walker County Board of Education's acceptable use policy shall be subject to revocation of these privileges and potential disciplinary action.

The Superintendent and the Superintendent's appropriate designees shall have the ability to override any or all protection measures and waive portions of the Acceptable Use Policy as deemed necessary for accomplishing the mission of the Walker County School System.

Please read the following carefully. Violations of the Acceptable Use Guidelines may cause an employee's access privileges to be revoked, School Board disciplinary action and/or appropriate legal action may be taken, up to and including employment termination.

Additional items that employees need to be aware of:

1. Staff must be aware that students have access to the Internet from all of the school system's computers. Teachers must use good judgment and closely supervise their students' use of the Internet. The School System uses filtering software to help prevent student access to inappropriate web sites. However, it is impossible to block access to all objectionable material. If a student decides to behave in an irresponsible manner, they may be able to access sites that contain materials that are inappropriate for children or are not commensurate with community standards of decency. They should not be permitted to access sites unrelated to their assignment and should not be allowed to access game or other sites that could infect the computer with "Spyware" or malware. Staff may have much less Internet filtering applied to their accounts and thus must be especially careful to review materials before displaying them to students.
2. Teachers should follow the guidelines below when allowing or directing students to do Internet searches.

**Elementary:**

Students in grades K-5 may visit sites pre-selected by a teacher and must be done with teacher supervision.

**Middle:**

Students in grades 6-8 may only perform Internet searches with teacher supervision.

**High:**

If students in grades 9-12 use any search engines other than a child-friendly search engine, they must use the advanced search page of Internet search engines in order to develop more reliable, useful, and relevant search results.

1. Any individual who is issued a password is required to keep it private and is not permitted to share it with anyone for any reason.
2. Never allow a student to log in with a staff member's user name and password.
3. Never set your computer to remember your passwords. This setting allows anyone at your computer to access any area.
4. Be careful when entering your user name and password or changing your password. Students will try to look over your shoulder and steal this information.
5. Do not allow students to go to computer labs unsupervised.
6. Treat student user names and passwords with confidentiality. Do not post a list of user names and passwords where all students can see them.
7. All users are responsible for the appropriate storage and backup of their data.
8. 0. All users are responsible for retaining their own emails and communications required by the Georgia Open Records Act or any other data retention legislation, policy, or law.
9. 1. The system requires employees to change passwords at the beginning of each school year or if the password is violated. Some examples of passwords not to use: names of pets, birth date, children's names, street address, school mascots, favorite car, sports team, actor or movie. Make sure any written password information is stored in a secure location. Do not leave passwords lying on your desk or in an unlocked drawer.
10. 2. Substitute teachers are not to take students to the computer lab nor allow students to use the computers in the classrooms unless they have received appropriate orientation including a review of the Acceptable Use Policy and Guidelines.
11. 3. Email accounts are provided to employees for professional purposes. Email accounts should not be used for personal gain or personal business activities; broadcasting of unsolicited messages is prohibited. Examples of such broadcasts include chain letters, mail bombs, virus hoaxes, Spam mail (spreading email or postings without good purpose), and executable files. These types of email often contain viruses and can cause excessive network traffic or computing load.
12. 4. Employees must abide by the Walker County Schools Web Site Posting guidelines when posting any materials to the web.
13. 5. Employees are responsible for ensuring that any computers or computing devices, diskettes, CDs, memory sticks, USB flash drives, or other forms of storage media that they bring in from outside the school are virus free and do not contain any unauthorized or inappropriate files. Employees may be permitted to connect to the district network via the secure wireless connection provided by the school system, but all access must be in accordance with this Acceptable Use Policy and an authorization form must be submitted to your principal or director. Employees are NOT permitted to use their own computing devices to access the Internet via personal Wi-Fi accounts or by any manner other than connecting through the secure wireless connection provided by the school system.

### **Expectations for Communicating Electronically**

Walker County Schools (WCS) recognizes that today's students and parents engage in electronic forms of communication for their daily interactions with friends, family, and their larger social networks. WCS utilizes e-mail, websites, blogs, text messaging, and use of public social media networks to communicate with similar groups. Whereas these forms of communications are dynamic, mobile, and quickly reach their audience through technologies that have become an integral part of our online lives, they may, in some circumstances, not meet the public and professional standards for communicating with students and parents.

WCS realizes that part of 21st century learning is adapting to the changing methods of communication. The importance of staff, students and parents engaging, collaborating, learning, and sharing in these digital environments is a part of 21st century learning. To this aim, WCS has developed the Expectations for Communicating Electronically to provide direction for employees when participating in online social media activities. It is important to create an atmosphere of trust and individual accountability, keeping in mind that information produced by WCS employees is a reflection on the entire district. By accessing, creating or contributing to any blogs, wikis, or other social media for classroom or district use, you agree to abide by these expectations. Please read them carefully before posting or commenting on any blog or creating any classroom blog, wiki and/or podcast.

WCS will maintain the official social media presence for the district. These official pages will be designated with logos and language to maintain the branding of the schools and the system.

All employees must adhere to the Georgia Code of Ethics for Educators (<http://www.gapsc.com/ethics/index.asp>) as stated in WCS Board Policy.

The expectations outlined in this document are designed for the purpose of

1. Protecting the students, staff, and the District;
2. Raising awareness of acceptable ways to use electronic communication tools when communicating with students and parents; and
3. Raising awareness of the positive and negative outcomes that may result in using these tools with students and parents.

The following is a set of expectations that all members of the WCS professional community will adhere to when communicating with students and parents electronically.

**Does the communication pass the TAP Test?**

Electronic communication with students and parents should always be **Transparent, Accessible, and Professional** as defined below.

**The communication is transparent.** – ALL electronic communication between staff, students, and parents should be transparent. As a public school district, we are expected to maintain openness, visibility, and accountability with regard to all communications.

**The communication is accessible.** - ALL electronic communication between staff, students and parents are a matter of public record and/or may be accessible by others.

**The communication is professional.** – ALL electronic communication from staff to student or parent should be written as a professional representing WCS. This includes word choices, tone, grammar and subject matter that model the standards and integrity of a WCS professional. Always choose words that are courteous, conscientious, and generally businesslike in manner.



If communication meets all three of the criteria above, then it is very likely that the methods of communicating with students and parents that you are choosing are very appropriate; moreover, encouraged.

#### **Acceptable Communications Methods**

**PowerSchool** – Within PowerSchool, staff can communicate with students and parents regarding information related to grades, attendance, comments, assignments, and much more. In PowerSchool staff can provide some of the same types of communication that public social media networks provide while also offering access to curriculum and learning resources beyond the classroom walls. PowerSchool allows for effective online learning by supporting online discussions, secure chat rooms, online delivery of assessments, and the sharing of documents, images and other media, all in a secure, password protected environment.

**District Email and Phone** - Use of District email and phone is always a very appropriate way to communicate directly with students and parents. District email provides the staff member with a record of the communication. For this reason, district-provided email accounts (firstnamelastname@walkerschools.org) and district-provided phone numbers and extensions should be used. Please refer to the Acceptable Use Policy for best practice guidelines in its use.

**Social Media for Instructional Purposes** – Any content staff members publish, pictures they post, or dialogue they maintain, whether in Facebook, Twitter, a blog, a discussion thread or other website should never compromise the professionalism, integrity and ethics in their role as a WCS professional. A good question that staff members should ask themselves before posting or emailing a message is, "Would I mind if that information appeared on the front page of the local newspaper?" If the answer is "yes," then do not post it. Email and social networking sites are very public places.

#### **Less Acceptable Communications Methods**

**Text Messaging** - Nearly every student has a cell phone today and use of text messaging is rising sharply. This form of communication is typically between individuals and highly personal. Because texting is such a quick and convenient way of communication, a simple message may lead to an extended texting conversation that can get "off topic." Therefore staff members should be aware that text messaging between a staff member and an individual student can easily be misinterpreted by a parent. If a staff member plans to use texting for immediate and urgent contact with students/team members, they must be transparent about such use. He/she must make parents aware at the beginning of the school year or season that he/she may use texting. A variety of instructional tools are available which take advantage of texting capabilities. Staff should always communicate with parents ahead of time regarding the use of such tools.

#### **Unacceptable Communications Methods**

**Non-District Email, Instant Messaging and Phone Numbers** – WCS employees should never use personal email accounts to communicate with students about school matters. All employee chat identities must be submitted to principals and building supervisors. Anonymous chat rooms are not allowed.

#### **Important Reminders: Social Media Sites for Personal Purposes**

Employees should not use their District email address or phone number for communications on social media networks for personal accounts. The wall between the role of a public educator and personal friendships with students should always be visible and strongly communicated.

ATTACHMENT F

SUBSTITUTE, VOLUNTEER AND OTHER USER AGREEMENT

All substitute teachers, volunteers and other users must read and sign below.

I have read, understand, and agree to abide by the provisions of the attached Acceptable Use Policy of the Walker County School District ("School District").

I understand and agree in the event a third party makes a claim against the School District as a result of my use of the computer network or the Internet provided by the School District, the School District reserves its right to respond to such a claim as it sees fit and to hold all offending parties, including myself, responsible.

I release the School District, its affiliates, and its employees from any claims or damages of any nature arising from my access or use of the computer network or the Internet provided by the School District. I am responsible for toll charges (if any) as a result of using WCSDnet services. I also agree not to hold the School District responsible for materials improperly acquired on the system or for violations of copyright restrictions, users' mistakes or negligence, or any costs incurred by users.

This agreement shall be governed by and construed under the laws of the United States and the State of Georgia.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This form is to be kept at the school or office and kept on file by the school site administrator. It is required for all substitute or temporary workers that will be using a computer network and/or Internet access.*

State of Georgia  
County of Walker

Walker County School District

**ACKNOWLEDGEMENT OF  
NO RIGHT TO UNEMPLOYMENT COMPENSATION BENEFITS**

As an on call, at will substitute with the Walker County School District, I do hereby recognize, understand and agree as follows:

- **I HAVE NO RIGHT TO UNEMPLOYMENT COMPENSATION BENEFITS UNDER GEROGIA LAW O.C.G.A. TITLE 34;**
- The substitute position which I am applying for is a temporary position on an “as needed” basis;
- The placement of my name on a list of substitute teachers or other substitute positions does not guarantee any work;
- I may, or may not, be called to work, nor am I required to work when called upon;
- I maintain the right to refuse work on a day to day basis;
- I may stop working as a substitute at any time; and
- I have been informed in writing that under Georgia law; the above stated characteristics of my job make me **INELIGIBLE FOR ANY UNEMPLOYMENT COMPENSATION BENEFITS** offered under Title 34. Campbell V. Poythress, 216 Ga. App. 834 (1995); Department of Labor V. Baldwin County Hospital Authority et al., 241 Ga. App. 119, 526 S. E. 153 (2000); and Rockdale County Public Schools V. Michael Thurmond, Commissioner, Georgia Department of Labor (2010).

Name (print) \_\_\_\_\_

Signed \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_



# Walker County Board of Education

TO: All Employees  
FROM: Superintendent  
SUBJECT: Injuries on the Job

Please review the official notice concerning Worker's Compensation that was recently placed on the bulletin boards. Should you suffer any injury while performing your duties, however minor it may seem, you must immediately report this injury to your supervisor, who will then complete an Employer's First Report of Injury and furnish this to the Workers' Compensation carrier or self-insurer claims office, within five days of your injury.

This Workers' Compensation notice also listed the names, addresses and phone numbers of the physicians from whom you must seek treatment for your injuries. You may make one change from one physician on the panel to another physician on the Panel, please consult with your supervisor for procedure. However, further changes in treatment require the permission of your employer/insurer, self-insurer claims office, or the State Board of Workers' compensation.

In case of any emergency, you should seek emergency care from the nearest hospital emergency room. However, all follow-up care should be rendered from a physician on the panel of physicians.

Failure to seek treatment for your job-related injuries from the Panel of Physicians may jeopardize payment of your medical bills under the Workers' Compensation law, and you may be personally liable for payment of your unauthorized medical treatment.

### Memorandum for Personnel File

This is to certify that I have reviewed the official notice of the Panel of Physicians.

I understand that when I am involved in an on-the-job injury and emergency treatment is not necessary, I must accept the services of a physician from the Panel. (If I desire to obtain medical services from a physician not listed on the panel, I may do so; however, I will be liable for those medical expenses) The physician selected from the Panel may arrange for appropriate consultations, referrals and other specialized medical services, as the nature of the injury requires. If I am dissatisfied with the physician selected, I may make one change to a second physician also listed on the Panel after consulting with my supervisor as to the procedure. However, any further changes require the permission of the employer/insurer or the State Board of Workers' Compensation.

In the case of an emergency, I should be taken to the nearest emergency room. However, all follow-up care must, thereafter, be rendered by a physician from the panel, or a Panel Physician's referral.

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Print Name

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Date

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Signature

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Authorized Signature

*Please contact Companion TPA, 1-800-845-2724, if you have any questions.*

# OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

## **WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

### **State Board of Workers' Compensation**

270 Peachtree Street, N.W.  
Atlanta, Georgia 30303-1299  
404-656-3818  
or 1-800-533-0682

<http://www.sbcw.georgia.gov>

**The Doctor's Clinic**  
Dr. Duhon  
General Practice  
1110 N. Main Street  
LaFayette, Georgia  
(706) 638-2002

**Vaughn Orthopedic and Spine  
Center**  
935 Spring Creek Rd.  
Suite 200  
Chattanooga, Tn.  
(423) 664-4787

**Family Medical Center**  
4770 Battlefield Parkway  
Suite 200  
Ringgold, Georgia  
(706) 861-4990

**Chickamauga Family Practice**  
230 LaFayette Road  
Chickamauga, Georgia  
(706) 375-9400

**Professional Park Associates, PC**  
General Practice  
608 W. Villanow Street  
LaFayette, Georgia  
(706) 638-1606

**Dr. Barry Hodges, III**  
University Orthopedics  
979 E. Third Street  
Chattanooga, TN  
(423) 267-4585

**Coosa Medical Group**  
Neurosurgery  
20 River Bend Dr.  
Rome, Georgia  
(706) 295-0070

**Please contact Companion TPA, 1-800-845-2724, if you have any questions.**

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

## CONFIDENTIALITY

As a substitute of a school district, you may have the opportunity to have access to information about students with special needs and their families. It is essential that every substitute have a clear and firm understanding to the legal responsibilities to keep this information **confidential** and **private**. It is disrespectful and illegal to share any information with those who do not need to have access to this information.

### *Suggested Guidelines to Follow*

1. Never discuss information about a student in a public place (e.g., faculty lounge, hallway, grocery store, etc.).
2. Never discuss information about one student with the parents of another student.
3. Never discuss information about one student with another student. (Note: If students with and without disabilities are engaged in a cooperative activity or peer tutoring situation, students may need to know some specific information about each other in order to be mutually supportive. In such situations, it is important for the team-including the student's parents-to discuss what information is appropriate to share. For example, it may be helpful for a student without disabilities to know how to push his friend's wheelchair. It might also be important for a student to know that his friend has a short temper.)
4. Never discuss information about a student with school personnel who are not considered members of that student's educational team.
5. Do not create personal files on a student or family.
6. If you have questions regarding any procedure concerning confidentiality or about what constitutes or is covered by confidentiality, speak to the school principal immediately and before doing anything.
7. Remember that e-mail messages must also maintain confidentiality.

## SPECIFIC AREAS OF CONFIDENTIALITY

### *Individualized Education Program*

#### *IEP Meetings*

All documents pertaining to a student in special education are covered by confidentiality. The IEP will contain information about cognitive ability, academic achievement, social and emotional status, health issues, etc. that cannot be discussed with anyone but those who need and have access to this information.

The IEP is placed in a separate file, not in the student's permanent file. There is no indication in the student's permanent file that he/she receives services from special education. When this separate file is viewed, the IEP must be signed out-using the Access Sheet-on the front of the file. The sheet must document the date, the person's name, who is viewing the file, and the reason it needs to be viewed

You may be asked to attend an IEP meeting to share information regarding the student. At these meetings, parents may share personal information which may or may not be documented in the IEP. Any information shared that will assist in developing an appropriate IEP should be documented in the IEP.

**All information shared during these meetings is confidential.**

#### *The Special Education Classroom*

Most schools do not have the luxury of private conference rooms, so consultations and conversations between teachers, paraprofessionals, parents, and related service providers frequently occur in special education classrooms. All comments and conversations are considered confidential and should not be shared or discussed with others.

#### *The General Education Classroom*

Some substitutes may work in one or several general education classrooms or be involved in activities in the general education classroom. It is imperative that one not discuss any teacher or student with others. You may observe an idea or an activity that you think would benefit another teacher or student. But before sharing the idea or activity, get permission from that teacher to share it, etc.

#### *Parents*

As a substitute of the school district, you will have frequent contact with parents in the school setting and in the community. Remember that confidentiality applies also to the community.

In the past lawsuits have been initiated on behalf of students when conversations about specific students have been overheard in public places. The only way to avoid this breach is to respect the confidentiality of each student.

Remember that conversations regarding specific students should be confined to the school setting and occur only with adults who are directly involved with that student.

# SUBSTITUTE Confidentiality Assurance Statement

I have been given a copy of the Confidentiality handout containing information about my legal responsibilities as a substitute of the Walker County School System. I understand that as a substitute of the Walker County School District, I may have the opportunity to have access to information about students and their families. I have a clear and firm understanding of my legal responsibilities to keep this information confidential and private. I further understand that it is illegal to share any information with those who do not need to have access to this information.

\_\_\_\_\_

Printed name of Substitute

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Substitute

\_\_\_\_\_

Date





## INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. Single - enter 1 if you are claiming yourself
- B. Married Filing Joint, both spouses working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- C. Married Filing Joint, one spouse working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- E. Head of Household - enter 1 if you claim yourself but the individual(s) for whom you maintain a home does not qualify as a dependent; or 2 if you claim yourself and a qualified dependent for whom you maintain a home

**Do not claim a deduction on Line 4 for a dependent used to qualify you as head of household**

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

**Failure to complete and submit the worksheet will result in automatic denial of your claim.**

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3 - 5.

Line 8:

a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount on Line 4 of Form 500EZ or Line 16 of Form 500 was zero, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You can not claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

**EXAMPLES:** Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore, you **qualify** to claim exempt.

b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:

1. The servicemember is present in Georgia in compliance with military orders;
2. The spouse is in Georgia solely to be with the servicemember;
3. The spouse maintains domicile in another state; and
4. The domicile of the spouse is the same as the domicile of the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

1. On the W-2 for 2009, the employer should report all wages earned during the year as Georgia wages. On the W-2 for 2010 and any year thereafter, the employer should not report any of the wages as Georgia wages on the W-2.
2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

**Do not complete Lines 3 - 7 if claiming exempt.**

**O.C.G.A. § 48-7-102** requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

# Form W-4 (2014)

**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 2014 expires February 17, 2015. 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).

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

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

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

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • 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>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have three to six eligible children or <b>less "2"</b> 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 . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> 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. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074  <b>2014</b>
<b>1</b> Your first name and middle initial _____ Last name _____			<b>2</b> Your social security number _____	
Home address (number and street or rural route) _____ City or town, state, and ZIP code _____			<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
			<b>4</b> 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"/>	
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)			<b>5</b> _____	
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .			<b>6</b> \$ _____	
<b>7</b> I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ►			<b>7</b> _____	
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ► _____			<b>Date</b> ► _____	
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____			<b>9</b> Office code (optional) _____	<b>10</b> 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.

<b>1</b>	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2014 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,950 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**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 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# Instructions for 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

Read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. 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. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

## What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

## General Instructions

Employers are responsible for completing and retaining Form I-9. 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.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

## Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

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All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

**1. A citizen of the United States**

**2. A noncitizen national of the United States:** 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.

**3. A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

**4. An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
  - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
  - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

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## Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.  
If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
  - a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

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## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents 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. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

## Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

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Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 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. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

### **What Is the Filing Fee?**

There is no 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 "USCIS Privacy Act Statement" below.

### **USCIS Forms and Information**

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.



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You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

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 the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

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

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire 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.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** 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 employer will keep this form and make it 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.

### 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 35 minutes per response, including the time for reviewing instructions and completing and retaining 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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



# 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.

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

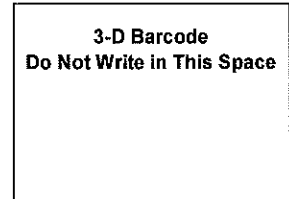
2. Form I-94 Admission Number: \_\_\_\_\_

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):
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**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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>3-D Barcode</b>                      Do Not Write in This Space                 </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**Certification**

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

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

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name Walker County Board of Education	
Employer's Business or Organization Address (Street Number and Name) P.O. Box 29		City or Town LaFayette	State GA	Zip Code 30728

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

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

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

# TEACHER'S RETIREMENT STATEMENT

ATTENTION ALL SUBSTITUTE APPLICANTS:

ARE YOU CURRENTLY RECEIVING MONTHLY BENEFITS FROM TEACHERS  
RETIREMENT SYSTEM OF GEORGIA?

YES \_\_\_\_\_ (COMPLETE THIS FORM)

NO \_\_\_\_\_ (JUST SIGN AND DATE)

SOCIAL SECURITY \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**Walker County Department of Education**  
201 S. Duke Street  
P.O. Box 29  
LaFayette, GA 30728  
(706) 638-1240 (PHONE)  
(706) 638-7827 (FAX)

To: All Substitutes of Walker County School System

From: Heather Holloway, Director of Personnel Services

Re: Criminal Record Check

It is a requirement of Georgia House Bill 1187 that all personnel employed by a Georgia School System after July 1, 2000 shall have a criminal record check. The record check includes an Authorization to Release Criminal Information and fingerprinting.

The attached Authorization to Release Information form and Memorandum must be presented to the **Walker County Sheriff's Department** to implement the criminal background check and fingerprinting.

The sheriff's office is located behind the courthouse on Mize Street. The Sheriff's Department is open **Monday thru Thursday from 9:00 until 3:30 p.m.** to process your fingerprinting and criminal record check, 706-638-1909 ext. 255.

The following charge will apply:

**\$55.00** cash, money order or cashier's check made payable to the Walker County Sheriff's Department for processing the fingerprints and the Authorization to Release Criminal Information. **NO PERSONAL CHECKS OR DEBIT CARDS.**

In order to complete your Criminal Record Check the cash, money order or cashier's check to the Walker County Sheriff's Department, and copy of the Memorandum form will need to be completed before you can be fingerprinted and processed.

The copy of the Memorandum must be **returned to the Personnel Department** of Walker County Schools after being validated.

If you have any questions regarding this process, please call the Walker County Department of Education, Personnel Department.

Attachments

**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

This will authorize any law enforcement agency, judge, custodian or other person to give the representative of the Walker County Board of Education, any and all information in their possession regarding any criminal history or record or other information pertaining to me which may be on file with any criminal justice agency, court or the GCIC/NCIC upon presentation of this authorization or any reproduced copy thereof.

No applicant seeking employment with the Walker County Board of Education shall be considered for employment if said application is made within five years from the applicant's most recent date of conviction or plea of nolo contendere under the laws of this state, the United States or any other state, of any criminal offense involving the manufacture, distribution, sale, use of possession of alcohol, a controlled substance or a dangerous drug.

This release is executed with full knowledge and understanding that the information is for the official use of the Walker County Board of Education. I hereby release the Walker County Sheriff's Department, as the custodian of such records, from any and all liability for damages of whatsoever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social security number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I understand that the Walker County Sheriff's Department will utilize this number only to facilitate the location of criminal information concerning me in connection with this application for employment. Should there be any question as to the validity of this release, I may be contacted as indicated below.

Please **PRINT** the following:

**Position:** Substitute Teacher

Full Name: _____			
Last	First	Middle	Maiden/Other
Address: _____			
PO Box/Apartment #/ Street			
_____			
City	State	Zip	County
Phone Number: _____		Alt. Phone Number: _____	
Social Security # _____		Driver's License Number: _____	
Date of Birth : <i>(month/day/year)</i> _____		Place of Birth: <i>(City and State)</i> _____	
Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	Height: _____	Weight: _____
Eye Color: _____		Hair Color: _____	
Race: <i>(check one)</i> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native American <input type="checkbox"/> White			
_____		_____	
Applicant/Employee Signature		Date	

SWORN TO AND SUBSCRIBED BEFORE ME:

This \_\_\_\_\_ day of *(month)* \_\_\_\_\_, *(year)* \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

<b><u>OFFICE USE ONLY:</u></b>	
<input type="checkbox"/>	<b>No criminal history found</b>
<input type="checkbox"/>	<b>Criminal history found <i>(see attached)</i></b>
<input type="checkbox"/>	<b>Approved</b>
<input type="checkbox"/>	<b>Not Approved</b>

# Substitute Teacher

# Memorandum

Date: \_\_\_\_\_  
To: Walker County Sheriff's Department  
Napier Street  
LaFayette, GA 30728

FROM: Walker County Department of Education  
Division of Personnel Services  
P.O. Box 29  
LaFayette, GA 30728

RE: Fingerprinting Required by O.C.G.A. §20-2-211

*For Use by*  
**Walker County  
Sheriff's Department**

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

By: \_\_\_\_\_  
Walker County  
Sheriff's Department  
LaFayette, GA 30728

Name of Employee \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

The person whose name appears above is an educational employee subject to the requirements of O.C.G.A. §20-2-211.

Upon presentation of this request and the properly completed documents, please fingerprint this individual.

Thank you.

**\*\*\*Note to the employee:** Fingerprinting should be completed within **Fourteen (14) days** from above date. One copy of this form is to be **returned to the Personnel Department** of Walker County Schools after being validated. Your cashier's check or money order should be made payable to the Walker County Sheriff's Department in the amount of **\$55.00** and attached.







