

Licking R-VIII School District

Substitute Information

1. Substitute pay is \$100.00 for noncertified and \$140.00 for certified per day.
2. Please follow the instructions given in the packet from the Department of Elementary & Secondary Education to submit all the required information to become a certified substitute. **There will be a \$50.00 fee (payable to the Department of Elementary & Secondary Education) prior to the issuance of the substitute certificate.**
3. Substitutes cannot be added to the District Sub List until they have completed the DESE steps to be a Certified Substitute in the State of Missouri and have obtained their Substitute Certificate, filed with Family Care Safety Registry **\$14.00 fee when registering, payable online or mailed in with form, AND** have completed the background check process. **There will be a \$41.75 fee (payable to IdentoGo) for the fingerprinting and background check service.**
4. A copy of all transcripts showing 36 credited hours is needed to be kept in your district file along with a copy of your Social Security Card, Driver's License and Substitute Certificate.
5. Please fill out and return all necessary forms attached.
6. Please use the appropriate four-digit code when registering on the Missouri State Highway Patrol website (www.machs.mo.gov) for the background check process: **2109** for Licking R-VIII Substitutes.

- **Types of Substitute Certificates**

*DESE issues two types of substitute certificates, depending upon the setting(s) in which an individual will be placed. Regardless of the type of substitute certificate, each applicant is required to complete a **background check** if he/she is requesting a new certificate or is considered to be a new hire at a school district. If an applicant has previously fingerprinted for DESE, a new fingerprint clearance will be required if the previous one is over twelve months old.*

A **Content Substitute** certificate is for individuals wishing to substitute teach in the K-12 classroom setting (elementary, middle/high school content areas, special education, art, music, PE, etc.). A **Content Substitute** certificate may be granted to an individual who has completed a minimum of 36 semester hours of credit from a regionally accredited, academic degree-granting, college or university. Verification of these hours must be provided with an original transcript from each institution the applicant has attended.

This change from 60 semester hours of credit to 36 semester hours of credit occurred as a part of Senate Bill 681, which was signed by Governor Parsons and became effective as of June, 2022.

The 20 hours of online training to be a substitute teacher is available through Frontline Education, as well as several Missouri colleges and universities. A Content Substitute certificate may now be granted to an individual who has successfully completed a minimum of twenty (20) clock hours of department-approved substitute teacher training. Training is now available at the links below. Technical assistance for any issues or questions regarding the online training is provided by Frontline and the institutions can be accessed at the links below;

- **Frontline Education**
- **Approved Missouri Colleges and Universities**

A **Career Technical Substitute** certificate is for individuals who will only substitute teach in a career center or an approved vocational program in courses such as carpentry, welding, nursing, etc. A **Career Technical Substitute** certificate is granted based upon an applicant's occupational experience and training in a specific field. Applicants must meet one of the following:

- A bachelor's degree in an area appropriate for the career/technical area sought and four thousand (4,000) hours of locally approved, related occupational experience; or
- An associate's degree in an area appropriate for the career/technical area sought and five thousand (5,000) hours of locally approved, related experience; or
- Six thousand (6,000) hours of locally approved, related occupational experience.
- **You need to view or print your certificate**
- You will need to log on to the **DESE Application Sign-In** with your username and password. Once you have access to your profile page, the **Certificate Status** link is located in the menu to the left. By clicking on Certificate Status, you will see the box that says View Substitute Certificate. You will then be able to view and print your substitute certificate.

*e. Mail supporting documents as indicated on application checklist**, if applicable*

**Complete the application, answering the Professional Conduct questions on the application truthfully and reviewing the Sworn Statement before electronically signing by selecting "I Accept." This agreement provides DESE with permission to verify your professional conduct statements.*

***Your internet browser must allow "pop-ups" in order to view the application checklist.*

Additional Information for Returning Users

Accessing your Profile

You can find the login page by clicking on "**Web Applications**" in the bottom section of the **DESE Homepage** or on "**DESE Web Applications**" on the **DESE Educator Certification** main page. Once you log in with your username and password, you will only need to click on the "Educator Certification System" link to get to your Profile page. (If you are prompted to enter your SSN and DOB again, and you receive a message that they are already linked to another profile, this means that you are trying to log in with a username that is different from the one that is already tied to your SSN.)

Applying for a new type(s) or additional area(s) of certification

1. Access your Profile page by logging in with your username and password
2. Locate the appropriate application (Upgrade, Additional, Administrator, etc.) under "**New Applications**" in the menu on the left side of your Profile page.
3. Click on the application name link to open the application
4. Complete the application*
5. Click "**Submit to DESE**"

*6. Mail supporting documents as indicated on application checklist**, if applicable*

**Complete the application, answering the Professional Conduct questions on the application truthfully and reviewing the Sworn Statement before electronically signing by selecting "I Accept." This agreement provides DESE with permission to verify your professional conduct statements.*

***Your internet browser must allow "pop-ups" in order to view the application checklist.*

Checking the status of your application

1. Access your Profile page by logging in with your username and password
2. Scroll down to and click on the gray "**Application Status**" bar or click on the "**Application Status**" link in the menu on the left side of your Profile page
3. Click on the blue application name link (Upgrade, Additional, Administrator, etc.)
4. Scroll to bottom of page to read the "**Memo**" Section

Checking the status of your background clearance

1. Access your Profile page by logging in with your username and password
2. Scroll down to and click on the gray "**Fingerprint Information**" bar on your profile page

Educator Certification Help Guide

You are here

All certification requests will be made through the online educator certification system.

1. Register

a. To access the system, you must first create and register a user id and password at the following web page:

<https://k12apps.dese.mo.gov/webLogin/login.aspx>. Click **"Register"** in the lower portion of the page

b. Complete the registration questions

c. Click **"Create User"** (a confirmation message will appear)

d. Click **"Return to DESE Login page"** link

NOTE: Do not create more than one username. Creating multiple usernames will cause the system to deny you access to your profile page and certification records. If you have forgotten your username or password, you can click on **"Forgot Username/Password?"** in the lower section of the login page to request your username or to reset your password.

2. CONNECT USERNAME/PASSWORD TO WEB APPLICATIONS SYSTEM

(<https://k12apps.dese.mo.gov/webLogin/login.aspx>)

a. Enter your username and password and click **"Login"** to access the User Application page.

b. Click **"Educator Certification System - Request Educator Access"** link

c. Click **"Submit"**

d. Click **"Close"** in the small confirmation window

e. Click on **"Educator Certification System"** link

f. Enter your Social Security Number (SSN) and date of birth (DOB)

g. Click **"Submit"**

h. Enter or verify your Profile information (proper/legal name - no nicknames) and click **"Save Profile"**

i. Scroll down and complete or edit the Contact Information* section and click **"Save"**

*An e-mail address must be included in this section, as all correspondence from Educator Certification will be sent to you by e-mail.

3. APPLY FOR CERTIFICATION

a. Locate the appropriate application (Initial, Substitute, Non-MO Graduate, etc.) under **"New Applications"** in the menu on the left side of your Profile page.

b. Click on the application name link to open the application

c. Complete the application*

d. Click **"Submit to DESE"**

Checking the status of your education records

1. Access your Profile page by logging in with your username and password
2. Click on **"Education"** in the menu on the left side of your Profile page to view your records
3. You may add the name and location of any colleges/universities you have attended that are not listed. All other information will be entered by DESE upon receipt of original transcripts that must be mailed to Educator Certification, PO Box 480, Jefferson City, MO 65102.

Viewing your designated assessment scores

1. Access your Profile page by logging in with your username and password
2. Scroll down to and click on the gray **"Praxis II Test(s)"** bar on your profile page

Viewing and printing a copy of your Missouri certificate

1. Access your Profile page by logging in with your username and password
2. Scroll down to and click on the gray **"Certificate Status"** bar or click on the **"Certificate Status"** link in the menu on the left side of your profile page
3. Locate and click on **"View Certificate"** in the center of the page
4. Print the certificate

Other General Information

- In your online Profile, you will be assigned an **Educator ID** number that will appear below your SSN. This is a unique identification number that you can use in place of your SSN when corresponding with our office.
- You may not make corrections or updates to your name, SSN, date of birth, or gender on your Profile. You must submit an **Update Personal/Education Information Form** and supporting documents in order to request changes to any of these fields.
- You may change your address, telephone number(s), and e-mail address by clicking on **"Edit Contact Information"** and then saving the changes.
- Please be sure to include your Educator ID with all documents that are mailed to Educator Certification. This number is located on your Profile page below your SSN.
- School district personnel can view your certificate status, fingerprint information, and designated assessment scores.
- Information regarding the fingerprinting process is available on the **DESE website**.

Missouri Department of Elementary and Secondary Education

PO Box 480, 205 Jefferson Street

Jefferson City, MO 65102

573.751.0051

**LICKING R-VIII SCHOOL DISTRICT
135 COLLEGE AVENUE
LICKING, MISSOURI 65542
(573) 674-2911 FAX (573) 674-4064**

APPLICATION FOR EMPLOYMENT

PERSONAL DATA					
Date		Position Applying For			
Name					
Address		Phone Number Daytime			
		Phone Number Evening			
Have you ever applied for employment with us? <input type="radio"/> Yes <input type="radio"/> No If "Yes", Month and Year		When will you be available to work?			
Are you legally eligible for employment in the United States?		Pay expected?			
Apart from absences for religious observance, are you available for full-time work? <input type="radio"/> Yes <input type="radio"/> No If not, what hours can you work?		Emergency Contact Person			
		Phone No. Home		Phone No. Work	
Other special training or skills (languages, machine operation, etc.)					
EDUCATIONAL DATA					
School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
College					
Business/Trade/Technical					
High School					
Elementary					
MILITARY					
Did you serve in the U.S. Armed Forces? <input type="radio"/> Yes <input type="radio"/> No			If "Yes", in what Branch?		
Describe any training received relevant to the position for which you are applying:					
Have you ever been charged or been convicted, pled guilty, pled nolo contendere, or received a suspended imposition of sentence for a crime other than a minor traffic violation such as a speeding ticket? <input type="radio"/> Yes <input type="radio"/> No					
If "Yes", please explain.					
EMPLOYMENT					
Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.					

Company Name	Telephone
Address	Employed (State Month and Year)
	From To
Name of Supervisor	Weekly Pay
	Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed (State Month and Year)
	From To
Name of Supervisor	Weekly Pay
	Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed (State Month and Year)
	From To
Name of Supervisor	Weekly Pay
	Start Last
State Job Title and Describe Your Work	Reason for Leaving

Applicants are hereby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age, or handicap. Any person having inquiries concerning compliance with the regulations implementing Title VI, Title IX, or Section 504 is directed to contact Superintendent Cristina Wright, 125 College Avenue, Licking, Missouri 65542, (573) 674-2911 or the Assistant Secretary for Civil Rights, U.S. Department of Education.

SIGNATURE

The information provided in the Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature

Date

LICKING R-VIII SCHOOL DISTRICT
135 College Avenue
LICKING, MO 65542
Phone (573) 674-2911 - Fax (573)674-4064

Date: _____

To: Licking R-VIII School Board
Subject: Substitute Position

My signature below represents official notification to the Licking R-VIII School District that I am available to substitute on a "when and if needed" basis for the 2023-2024 school year.

I prefer High School _____

I prefer Elementary _____

No Preference _____

COMPLETE THE FOLLOWING SENTENCES:

I have completed an application for employment. YES ____ NO ____

I have completed W-4 forms. YES ____ NO ____

I presently have # _____ college hours.

I have a college degree in the field of _____.

Do you hold a valid Missouri teaching certificate? (Not sub certificate) YES ____ NO ____

Are you a Missouri retired teacher? YES ____ NO ____

A copy of my transcript was submitted with my application. YES ____ NO ____

To be eligible to substitute teach for the Licking R-VIII School District, you must have at least 60 college hours and a copy of your transcript must be on file in the Superintendent's office.

Signature

Printed Name

Address

Home Phone Number

Mobile Phone Number

Email Address:

My signature below indicates I will not be available to substitute during the 2023-2024 school year. I understand my name will be taken off your substitute list.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
FAMILY CARE SAFETY REGISTRY
WORKER REGISTRATION

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102.

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

- ☐ Adoptive Parent
Agency Name: _____
- ☐ Child Care
- ☐ Foster Parent/Family Member of Foster Parent
County Office: _____
- ☐ Hospital
- ☐ Long Term Care/Personal Care (Please choose subcategory at right ▶.)
- ☐ Mental Health/Psychiatric Hospital
- ☐ Voluntary (Select voluntary if no other registration type applies.)

Long Term Care / Personal Care Subcategories
(Complete if LTC/PC selected at left.)

- ☐ Adult Day Care
- ☐ Assisted Living Facility
- ☐ Hospice
- ☐ Hospital LTAC/Swing Bed
- ☐ Mental Health – Residential Facility/ICF
- ☐ Nursing Facility/Skilled Nursing
- ☐ Personal Care – Home Health
- ☐ Personal Care – In-Home Services
- ☐ Personal Care – Consumer Directed
Services/Center for Independent Living
- ☐ Personal Care – HCY/PDW/DDD/Other

A one-time registration fee of **\$14.00** applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.

Register only once. If you believe you have already registered, check our website at www.health.mo.gov/safety/fcsr or call, toll free, 866-422-6872.

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., II, III)
MAIDEN NAME (IF APPLICABLE)	PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES.)	DATE OF BIRTH (MM-DD-YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

CONTACT INFORMATION

MAILING ADDRESS (ENTER YOUR STREET ADDRESS OR POST OFFICE BOX. THIS ADDRESS MUST BE DIFFERENT FROM EMPLOYER ADDRESS.)

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE	EMAIL ADDRESS (REQUIRED)	COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.)	

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

<input type="checkbox"/> My current/potential child care, long term care or mental health care employer is:	<input type="checkbox"/> No Employer, because I am a(n):		
EMPLOYER NAME	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent/Family Member <input type="checkbox"/> Home Child Care Provider <input type="checkbox"/> Private Pay/Private Duty <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain: _____)		
EMPLOYER ADDRESS			
EMPLOYER CITY		STATE	ZIP
EMPLOYER TELEPHONE		EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE

REGISTRATION AGREEMENT

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT	DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)
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WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Health and Senior Services
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor. Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select "Voluntary." (A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102**. If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872**.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).

Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

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

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

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

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

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

3-D Barcode
Do Not Write in This Space

Certification

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

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

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):	

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

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

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

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

Employee's Withholding Certificate

OMB No. 1545-0074

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple Jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 1 \$ _____
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a 2a \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 2c \$ _____
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 _____
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) 4 \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 4 \$ _____
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

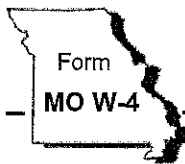
Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



MISSOURI DEPARTMENT OF

REVENUE

Form

MO W-4**Employee's Withholding Certificate**

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Employee	Full Name		Social Security Number	
	Home Address (Number and Street or Rural Route)		City or Town	State ZIP Code
	1. Filing Status: Check the appropriate filing status below. <input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household			
	2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2.....			
Signature	3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used.....			
	4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4.			
	<input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption.			
	<input type="checkbox"/> I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability.			
Employer	<input type="checkbox"/> I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction.			
	Under penalties of perjury, I certify that the information provided on this form is true and accurate.			
	Employee's Signature (Form is not valid unless you sign it)		Date (MM/DD/YYYY)	
	Employer's Name		Employer's Address	
City		State	ZIP Code	
Date Services for Pay First Performed by Employee (MM/DD/YYYY)		Federal Employer I.D. Number	Missouri Tax Identification Number	

Notice to Employer:

Within 20 days of hiring a new employee, a copy of the Employee's Withholding Certificate (Form MO W-4) must be submitted by one of the following methods:

- **Email:** withholding@dor.mo.gov
- **Fax:** (573) 526-8079
- **Mail to:** Missouri Department of Revenue
P.O. BOX 3340
Jefferson City, MO 65105-3340

Please visit dss.mo.gov/child-support/employers/new-hire-reporting.htm for additional information regarding new hire reporting.**Notice to Employee:**Return completed form to your Employer. Consider completing a new Form MO W-4 each year and when your personal or financial situation changes. Visit our online withholding calculator mytax.mo.gov/rptportal/home/withholding-calculator.**Items to Remember:**

- Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card. For additional assistance in regard to Military, visit the department's website dor.mo.gov/military/.
- Additional information can be found at mo.gov/business/withhold/.

Mail to: Taxation Division
P.O. Box 3340
Jefferson City, MO 65105-3340
Phone: (573) 522-0967
Fax: (573) 526-8079

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Form MO W-4 (Revised 08-2021)

Licking R-VIII School District
Payroll Direct Deposit Authorization

1. Print your names, social security number, sign and date on the spaces provided.
2. Mark the box for your selection of new enrollment or change.
3. Fill in the banking information boxes completely for new enrollment or changes. Any blanks will prevent proper processing of your check.
4. Attach a voided check to the form from your checking account. (Not a deposit slip) If you are using a savings account number, be sure to provide the proper routing and account number information.
5. Return this form (with voided check attached) to the Superintendent's office.

Employee Name (Print): _____

Social Security Number: _____ - _____ - _____

Employee Signature: _____ Date: _____

_____ **New Enrollment:** I hereby authorize my employer to initiate direct deposit credit entries to the account indicated below, and to initiate such debit entries to said account as may be necessary to correct any erroneous entries.

_____ **Change Banking Information:** Please change my payroll direct deposit authorization as noted below.

Banking Information:

Bank Name: _____

Routing Number: _____

Account Number: _____

ATTACH VOIDED CHECK

LICKING R-VIII SCHOOL DISTRICT Technology Acceptable Use Agreement

--STAFF--

Introduction - I understand that Licking R-VIII School District provides a technology rich environment to enhance student learning and staff productivity. Technology is an integral part of the workplace. I agree to comply with the expectations of the school district and use technology in a responsible and appropriate manner. I understand that the school district's definition of technology includes, but is not limited to, computers, peripherals, electronic devices, software, Internet, e-mail, cellular telephones, personal digital assistants and the district network. My use of the district's technology is a privilege. I am responsible for the appropriate use of all technology to which I have access.

District Internet and E-Mail Rights and Responsibilities - Internet access and e-mail usage is an important means of communication. Staff members are responsible for appropriate use of the Internet, E-mail and district networks. Communications on the network are often public in nature. General school and district rules and policy for behavior and communications apply. Access to network services is given to staff that agree to act in a considerate and responsible manner. It is expected that users will comply with the District Internet Policy (EHB) and the Staff Use of Communication devices Policy (GBCC).

Terms of Acceptable Technology Use Agreement

1. I am personally responsible to use school district technology only in support of education, research, and the educational goals and objectives of Licking R-VIII School District.
2. I will not access or attempt to access personal web pages, instant messages, chat rooms, forums, e-mail, message boards, or host personal web pages, except school-approved, filtered Internet communication while on the district network.
3. I will not transmit any material prohibited by United States statutes. This includes but is not limited to materials that are; copyrighted, harassing, bullying, pornographic, obscene, or protected by trade secret.
4. I will not use school district technology, including computers, e-mail addresses, or web pages for commercial, non-profit, political, or religious purposes.
5. I am aware that the inappropriate use of technology and electronic information resources can be a violation of Board Policy, resulting in discipline, including loss of technology privileges. Violation of local, state, and federal laws may result in consequences including prosecution for violating these laws.
6. I will maintain the security of the school district's technology. I will report all security problems with district computers to the system administrator immediately.
7. I understand that when necessary, network administrators may review files, activity and communications to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on district servers are always private. Within reason, freedom of speech and access to information will be honored.
8. I agree not to misuse technology. This means I will not attempt to physically deface, disable, or destroy computers, peripherals, or other network hardware, to harm or destroy data of another user or any other agencies or networks that are connected to the system, to gain access or attempt to gain access to unauthorized systems, or to access inappropriate materials from school computers. I understand that my misuse of technology may result in loss of technology privileges, disciplinary action, and/or possible legal referral.
9. I understand that Board Policy (DID), Inventory Management, applies to all district technology.

LICKING R -VIII SCHOOL DISTRICT Staff Technology Acceptable Use Agreement Certification
Page

I certify that I have read the district's Acceptable Use Agreement and Internet Safety Policy. I understand and agree to follow the terms and conditions of this Agreement. I understand any violation of the district's Internet Policy will result in the loss of Internet/network access and/or my user account; may result in other disciplinary action.

I understand that Licking R-VIII School District is not liable for any harm or injury that I may suffer as a consequence of any inaccurate information the user may obtain through the Internet and Electronic Mail Services. By entering into this Use Agreement, I agree to be bound by this release of liability and waive any and all rights to assert claims that may arise due to use of these electronic services.

I agree to monitor student use of the Internet and district network when under my supervision and report any misuse of the Internet/network resources to school administration. I use the Internet entirely at my own risk and I hereby release the district from any claims arising from my use of the Internet.

As an employee of Licking R-VIII School District, I agree to comply with all federal laws and district's policies and procedures regarding security and student record use. I agree to maintain confidentiality. I will only use my password and not allow others to use my account. Access to this information is a privilege and requires responsibility. Inappropriate use may result in the cancellation of this privilege or further disciplinary action may be taken.

Notice: Federal law requires that keepers of student educational records and individually identifiable health information consider how and whether to release information relating to students under the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). We recommend that you seek assistance from competent sources in determining your responsibility under each of these and applicable state laws before you transfer in any form any student educational record or individually identifiable health information.

Printed Name of Staff member

Staff Signature

Date

Missouri Applicant Fingerprint Privacy Notice

The Missouri Applicant Fingerprint Privacy Notice includes three (3) parts:

1. The State and National Rap Back Privacy Notice
2. The Noncriminal Justice Applicant Privacy Rights
3. The Privacy Act Statement

State and Federal Rap Back Privacy Notice

Applicants submitting their fingerprint images to the Central Repository for a fingerprint based criminal record check are advised that their fingerprint images will be retained in state and federal biometrics databases, pursuant to Section 43.540 RSMo. If the submitting agency participates in the State or State and National Rap Back Programs, fingerprint images will be submitted, searched and retained for the purpose of being searched against future submissions to the State and National Rap Back programs; fingerprint searches will also include latent print searches.

The "Missouri Rap Back Program" and "National Rap Back Program" shall include any type of automatic notification made by the State Missouri and/or the Federal Bureau of Investigation through the Missouri State Highway Patrol to a qualified entity indicating that an applicant who is employed, licensed, or otherwise under the purview of the qualified entity has been arrested for a reported criminal offense and the fingerprints for that arrest were forwarded to the Central Repository or the Federal Bureau of Investigation by the arresting agency.

By signing the Missouri Applicant Fingerprint Privacy Notice you are acknowledging the receipt of and agreeing to the terms of the State and National Rap Back Privacy Notice, the Noncriminal Justice Applicant Privacy Rights, and the Privacy Act Statement.

NAME (Please Print): _____

SIGNATURE: _____ DATE: _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

