Mitchell School District 17-2

821 North Capital St. • Mitchell, SD 57301
Phone: 605.995.3010 • Fax: 605.995.3099
Dr. Joe Childs, Superintendent

January, 2023

Dear All,

Thank you for your interest in becoming a substitute employee for the Mitchell School District. This document has the required paperwork that you will need to complete and bring to the Mitchell Central Office, 821 N. Capitol. Please also bring a copy of your Driver's License and your Social Security Card. All substitute employees will need to fill out the W-4 and Employment Eligibility Verification form I-9. These are also included in this packet. Your driver's license and social security card must be verified at this time.

Before your employment can be finalized, South Dakota law requires that all employees of a school district undergo a criminal background check. At that time you will also need to complete fingerprints at the Central Office, on two cards. The Central Office will have these forms when you bring in your substitute application. One card is for the SD division of Criminal Investigation and the other is for submission to the Federal Bureau of Investigation. Once you have completed this portion, you will need to mail the fingerprints in the envelope provided. You will need to include a check for $50.00 or they will be rejected.

Should you have any questions about this process or application, please contact Erica Weier at 605-995-3010.

Sincerely,

Joe Childs

Superintendent of Schools

MITCHELL SCHOOL DISTRICT NO. 17-2
MITCHELL, SD
PHONE 605-995-3010
APPLICATION FOR EMPLOYMENT-SUBSTITUTE TEACHER

Today's Date _____

NAME:_____ _____ _____
Last First Middle

ADDRESS:_____
Street City State Zip Code

DOB:_____ **TELEPHONE:**_____

EMAIL ADDRESS:_____

CERTIFICATION
Are you certified in the State of South Dakota? _____ Expiration Date:_____

IT IS YOUR RESPONSIBILITY TO PROVIDE A COPY OF YOUR TEACHING CERTIFICATE

EDUCATION

Name of High School	Date of Graduation

Name of University (ies):	Date of Graduation	Degree	Major	Minor

List all subject areas and grade levels you would feel comfortable as a substitute teacher:

_____

_____

_____

_____

_____

Employment Experience

Employer and Address Dates Position/Work Type Reason for leaving

_____

_____

_____

_____

_____

Have you ever been charged or convicted of a crime other than a minor traffic offense but including driving under the influence (DUI) ? Yes_____ No _____

Do you give permission for the Mitchell School District to check your records with the Division of Criminal Investigation? Yes _____ No _____

The Mitchell School District 17-2, Mitchell, SD does not discriminate on the basis of sex, race, color or creed in its educational offerings, activities or employment practices.

Signature _____ Date _____

Return to:
Mitchell School District 17-2
821 N. Capital
Mitchell, SD 57301

** Education – Mitchell's Most Important Business **
AN EQUAL OPPORTUNITY EMPLOYER

MITCHELL SCHOOL DISTRICT NO. 17-2

821 N. Capital Street
Mitchell, SD 57301
Phone (605) 995-3010 — Fax (605) 995-3099

To: Substitute Employees

From: Kris Whitledge

RE: Payment

In order for the Mitchell School District to process payroll all employees will need to complete a W-4, the I9 form, and a direct deposit form.

The payroll department will need copies of a valid driver's license and social security card OR a valid passport for the I9.

A voided check OR a letter from the bank is required to validate the direct deposit selected.

All employees are paid on the 15th and the 30th of each month. If the pay date falls on a non-work day, the employee will be paid on the last work day prior to the pay date.

Upon receiving your paycheck please verify that everything is accurate. In the event of an error or if you have questions, please contact Kris Whitledge at 605-995-7636.

Thank you and welcome to the Mitchell School District!

Kris Whitledge

Payroll Manager & Benefit Specialist
Mitchell School District
821 North Capital Street
Mitchell, SD 57301
Phone: (605) 995-7636
E-Mail: christina.whitledge@k12.sd.us

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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.

OMB No. 1545-0074

2025

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at *www.irs.gov/W4App*.

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 the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

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 Dependent and Other Credits

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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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 unless otherwise noted.

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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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 2025 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:
- $30,000 if you're married filing jointly or a qualifying surviving spouse
- $22,500 if you're head of household
- $15,000 if you're single or married filing separately

. . . . . **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 territories 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 Surviving Spouse

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	$0	$700	$850	$910	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

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	$200	$850	$1,020	$1,020	$1,020	$1,370	$1,870	$1,870	$1,870	$1,870	$1,870	$2,040
$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

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	$450	$850	$1,000	$1,020	$1,020	$1,020	$1,020	$1,870	$1,870	$1,870	$1,890
$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Employment by SDRS Participating Employer

Form Revision Date: 7/2023
Submit completed form to: SDRS, PO Box 1098, Pierre, SD 57501
Email: sdrs.forms@state.sd.us Fax: 605-773-3949
Questions? Call 605-773-3731 or 1-888-605-SDRS (long-distance callers only)

Completion of this form is required if you answer "Yes" to one or both of the following statements.

I will be employed by my employer full-time. ☐ **Yes** ☐ **No**

I am a retiree currently receiving an SDRS benefit. ☐ **Yes** ☐ **No (See Reemployment of SDRS Retirees section on back of form for details.)**

- **If you are a retiree currently receiving an SDRS benefit, indicate employment type:**
  ☐ **Full-time** ☐ **Part-time** ☐ **Contract** ☐ **Other (please specify: _____)**

Personal Information

Social Security Number	Last Name	First Name	MI

Mailing Address	City	State	ZIP

Date of Birth	Gender	Marital Status
	☐ Male ☐ Female	☐ Single ☐ Married

Primary Phone Number	Secondary Phone Number

Primary Email	Secondary Email

In providing your email address, you grant SDRS permission to include your email address on the SDRS email list. You may unsubscribe from this list at any time by contacting SDRS.

Spouse Information

Last Name	First Name	MI

Date of Birth	Gender	Date of Marriage
	☐ Male ☐ Female	

Additional Required Forms: Beneficiary Designation Form, Transfer to Minor Form

☐ SDRS Beneficiary Designation Form: Use this form to designate primary and contingent beneficiaries for your SDRS funds.

☐ SDRS Transfer to Minor Form, if applicable: SDRS cannot make payments directly to minor children. If you have a minor child, you are strongly encouraged to use this form to appoint a custodian and successor custodian to receive SDRS benefits on behalf of a minor child.

Optional Spouse Coverage

Effective July 1, 2010, this coverage is closed to new enrollments. Eligibility to continue coverage is limited to members who elected coverage prior to July 1, 2010 and are currently covered by this optional protection. If an employee is currently participating in the optional spouse coverage and is changing employment without a break in SDRS credited service, the employee may elect to continue the optional spouse coverage by indicating continuation of coverage below:

☐ Member elects to continue Optional Spouse Coverage during new employment.

Member's Authorization and Signature

I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I authorize SDRS and my employer to exchange information regarding my employment and benefits as necessary and specifically request that no information be otherwise released without authorization of law or my written authorization.

Attach a photocopy of one of the following forms of identification: ☐ Driver License ☐ Passport ☐ Govt-issued Nondriver ID

Member's Signature **Date**

Authorized Agent's Signature

Six-Digit SDRS Employer Number	Employer Name	If employee has elected to continue Optional Spouse Coverage: Payroll has been notified to begin deducting the voluntary additional contributions beginning _____ (month/year)

Title of Employee's Position	Hire Date: Month/Day/Year	Employment Type
		☐ Full-Time ☐ Part-Time

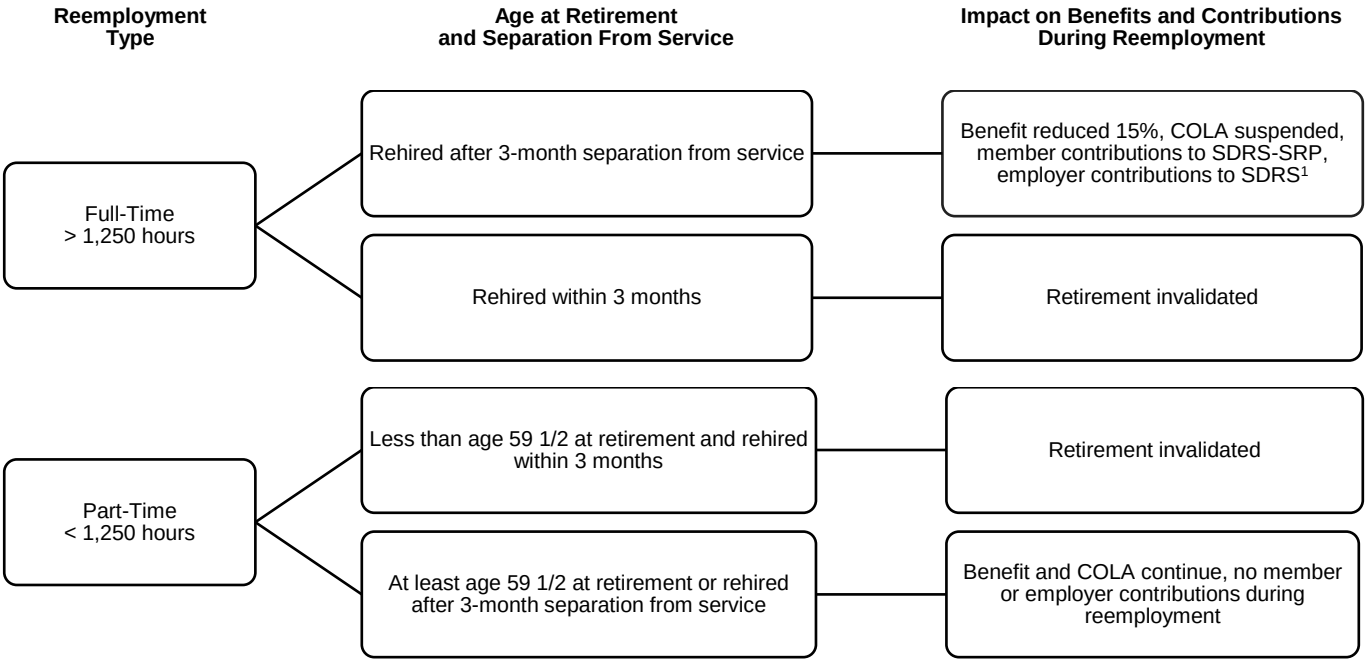
First Anticipated Contribution Date (If Applicable)	Classification of Employee	School and Regent Employees
	☐ Class A ☐ Class B Public Safety ☐ Class B Judicial	☐ Classified ☐ Teacher/Administrator

Authorized Agent's Signature **Date**

Reemployment of SDRS Retirees

SDRS must comply with IRS rules and regulations to preserve its tax qualified status, which benefits all SDRS members. The reemployment of an SDRS retiree by a participating employer without a bona fide termination of employment will invalidate the member's retirement and require repayment of SDRS benefits, except as noted below. In certain circumstances, a 10 percent early distribution tax on the member's benefits may also result.

SDRS members and employers should be aware of the impact reemployment of a retiree by a participating employer will have on the member's SDRS benefits. SDRS provisions are designed to give employers and retirees as much flexibility as possible while protecting the tax qualified status of the System and avoid an early distribution tax to members. The following chart details how a retiree's SDRS benefits will be impacted by reemployment.



[1] The 15 percent reduction and suspension of COLA will not apply to Class B retirees who are reemployed in a Class A position.

Important Details

Full-time employment: Employment with a participating employer of 1,250 hours or more in the employer's fiscal year, in any capacity, including temporary, seasonal, contractual, leased, or any other designation.

Part-time employment: Employment with a participating employer of less than 1,250 hours in the employer's fiscal year. Note: If the member subsequently works more than 1,250 hours during the employer's fiscal year, the full-time provisions apply prospectively, including the 15 percent benefit reduction and COLA suspension (see top right box above).

Separation from service: Three consecutive calendar months with no service performed for the employer in any capacity, including as a part-time, temporary, seasonal, contractual, leased employee, or any other designation. If a retiree is rehired without a separation from service, the retirement will be invalidated, and any benefits received must be repaid to SDRS.

Exception for part-time reemployment of member who was at least age 59½ at retirement: SDRS permits a member who was at least age 59½ at retirement and is rehired on a part-time basis without a 3-month separation from service to continue receiving uninterrupted SDRS benefits during the period of part-time reemployment. If the member subsequently works more than 1,250 hours in the employer's fiscal year, the member's benefit will be suspended prospectively for the duration of the reemployment period.

Optional Spouse Coverage **(SDCL 3-12C-1001)**

Effective July 1, 2010, this coverage is closed to new enrollments. Employees who are currently participating in the Optional Spouse Coverage may maintain this coverage when changing employment to another South Dakota public employer that participates in SDRS if they continue making the applicable contributions. Upon discontinuing the required contributions and/or termination of covered employment, as defined in 3-12C-111, that results in a break in credited service, the Optional Spouse Coverage will be terminated, and the member will have no future right to reelect or reinstate Optional Spouse Coverage.

In the event of an active covered employee's death, the Optional Spouse Coverage will pay a monthly benefit to the surviving spouse for the span of years not covered by the SDRS survivor benefits. The benefit payable equals 40 percent of the covered member's final average compensation. The benefit is payable from the time all eligible dependent children reach the age of 19 and continues until the surviving spouse reaches age 65.

The cost of the Optional Spouse Coverage is 1.5 percent of salary and will continue until the death of the member or spouse, the termination of covered employment, the dissolution of the marriage, the spouse reaches age 65, or the member's election to terminate the coverage.

Mitchell School District 17-2

821 North Capital St. • Mitchell, SD 57301
Phone: 605.995.3010 • Fax: 605.995.3099
Dr. Joe Childs, Superintendent

Dear Applicant,

Congratulations on being selected for a position with the Mitchell School District 17-2, or applying to substitute with the Mitchell Schools. Mitchell has a proud tradition of academic excellence and we are pleased to have you as part of our team.

Before your employment can be finalized, however, South Dakota law requires that all employees of a school district participate in a criminal background check. This law was created for the safety of all our children.

Therefore, please take the following steps so that we can move forward with finalizing your employment.

1. Please call and make an appointment with Erica Weier @ 605-995-7606.
2. Report to the Mitchell School District Central Office where you will be fingerprinted twice, once for the South Dakota Division of Criminal Investigation and once for the Federal Bureau of Investigation. The Central Office is open Monday through Friday from 8:00a.m. to 4:00p.m. daily.
3. Mail both fingerprint cards in the envelope provided. Include a check or money order for $50.00 made out to the Division of Criminal Investigation.

Once this process has been completed and your satisfactory background check has been filed, your employment with the Mitchell School District 17-2 will begin.

Thank you for your time and attention to this matter.

Sincerely,

Joe Childs

Superintendent of Schools

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Whittenburg, Kris Payroll Manager		

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
Mitchell School District	821 N. Capital St. Mitchell, SD 57301

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
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		**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		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A,
Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 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)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 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)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 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)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 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)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS Form I-9 Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

ELECTRONIC DIRECT DEPOSIT

The Mitchell School District offers DIRECT DEPOSIT. Your paycheck will be automatically deposited in your checking or savings account on payday.

HERE'S HOW DIRECT DEPOSIT WORKS

Each payday, you will be able to go on line and view an earnings statement showing gross salary, taxes, other deductions and net pay. Your money will already have been deposited in your account. The amount of the deposit will appear on your bank statement.

OPTIONS

You may have your check split to different accounts at the same bank or different banks. One account needs to be specified as a balance account. For example; have $300 of your check deposited to your savings account and the balance deposited to your checking account.

EMPLOYEE AUTHORIZATION

I authorize you and the financial institution (s) listed below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in in error to any account (s) listed.

The first account listed must be the "balance" account. The others must have specific amounts.

ACCOUNT TYPE					
CHECKING	SAVINGS	BANK ROUTING # (9 DIGITS)	ACCOUNT NUMBER (INCLUDE ALL ZEROS)	$ AMOUNT	FINANCIAL INSTITUTION
				BALANCE	

_____ _____ _____

NAME (PLEASE PRINT) SIGNATURE DATE

You must provide a voided check for all the accounts above or written documentation from your bank that indicates the routing number and account number for your direct deposit.

Without proper verification, errors may occur in recording account numbers. If deposits are attempted with incorrect account numbers, the deposit is not made and a fee is charged to the District. This fee will be passed on to you.

Mitchell School District 17-2
POLICY

Category	Approval	
Series 100: Foundations and Basic Commitments	Adopted	Revised
	2/7/90	13/23/00, 7/14/03, 6/27/11
	Reviewed	
	7/14/03, 6/29/07, 6/22/15, 6/10/19	

DRUG FREE WORKPLACE MSD 113

The unlawful manufacture, distribution, dispensation, possession, use or being under the influence of a controlled substance on property of the District or while an employee of the District is engaged in an activity assigned as part of his or her employment with the District is prohibited. For the purpose of this Policy, an alcoholic beverage shall be deemed a controlled substance. Employees of the District are required to notify the Superintendent of any conviction of violating any criminal statute regulating controlled substances within five (5) days of the conviction if the violation occurred on property of the District or while the employee was engaged in an activity assigned to his or her employment with the District. Federal law requires the Superintendent to provide notice of such conviction to the United States Department of Education or other appropriate government agency within ten (10) days of receiving notification from the employee.

Compliance with this Policy is a condition of employment with the District.

Any disciplinary action taken by the district due to a violation of this policy will follow procedures and processes outlined in state or federal statute to employee rights. Within thirty (30) days of receipt of information that an employee has violated this Policy, appropriate disciplinary action will be taken by the District which may include termination of employment or a requirement that the employee satisfactorily participate in and complete an approved drug or alcohol abuse assistance or rehabilitation program with such participation being at the employee's expense.

The District recognizes that employees who are suffering from a chemical dependency or substance abuse problem should be encouraged to seek professional assistance, and any employee requesting assistance shall be referred to an appropriate agency or treatment facility. Expenses incurred are the responsibility of the employee.

A copy of this Policy shall be given to all present and future employees.

Legal Ref.: Public Law 100-690, Drug-Free Workplace Act of 1988, Drug-Free Schools & Communities Act.

10/23/00 revision added legal reference
7/14/03 revision extended the K-12 smoking ban to district grounds, as well as facilities.
6/27/11 revision deleted last paragraph as this is covered in Policy 518.

Mitchell School District 17-2
POLICY

Category	Approval
Series 700: Foundations and Basic Commitments	

Adopted	Revised
10/9/67	7/10/80, 5/12/81, 7/19/82, 7/6/88, 7/10/89, 7/9/90, 12/10/01, 6/27/05, 8/13/07, 6/24/13, 6/12/17
Reviewed	
9/8/25	

K-12 SUBSTITUTION TEACHERS — MSD 711

A substitute teacher is defined as a person who teaches as a temporary teacher not under contract by the school district. Such a teacher need not hold a valid certificate during the period for which they are substituting.

If a substitute assignment goes beyond ten (10) consecutive days in the same assignment, beginning on the eleventh (11th) day the daily rate will increase $10 above their regular substitute rate. In this event, if the substitute teacher is not "highly qualified" for the assignment, the school must notify parents of affected students by letter or email.

If a substitute assignment goes beyond 30 consecutive days in the same assignment, beginning on the 31st day the daily rate will be determined by dividing the hiring base by the number of teacher on-site days in the school calendar. This rate will be referred to as the long-term substitute rate.

No other contractual rights shall accrue to a substitute teacher, regardless of the duration of the assignment.

Substitutes will be notified when the assignment qualifies for the long-term substitute rate.

The responsibility for arranging for substitutes is assigned to the primary supervisor.

Any certified employee who has retired from the Mitchell School District 17-2 will be paid at the certified sub rate of pay regardless if their teaching certificate has expired.

Adopted: 10/9/67
Revised: 7/10/80, 5/12/81, 7/19/82, 7/6/88, 7/10/89, 7/9/90, 12/10/01, 6/27/05, 8/13/07, 6/24/13

12/10/01 revision eliminated provisions for contracted teachers (now found in the master contract) and renumbered the policy from 715.11 to 711.
6/27/05 revision struck the 45-day approval requirement and added highly qualified notification requirement.
8/13/07 revision added that retired school district teachers will be paid at certified rate of pay regardless if certificate is expired.
6/24/13 revision revised grammatical error in paragraph 1, also deleted placing substitute on the salary schedule at BA1 level with 'using the typical salary amount for new teachers with a BA only'.
6/12/17 revision added new definition for 'substitute teacher' and replaced salary scheduled step with 'hiring base'