



Franklin West Supervisory Union

*A belief in what is possible.*

Congratulations on your new employment at Franklin West Supervisory Union!

Your next step is to **CALL** the appropriate Human Resource contact as outlined below. Please **DO NOT EMAIL**, as we need to discuss all items needed for your meeting. *Please note this phone call requires approximately 1 hour of your undistracted time.*

**\*\*You are not considered FULLY HIRED by FWSU until this process has been COMPLETED.\*\***

**CANDY GRANGER** at (802) 370-3113 Ext. 105 if you are a permanent employee, such as:

*Teachers\**

*Paraprofessionals*

*Custodial Staff.*

*Bus Drivers*

*Office Staff*

*Administrators*

**\*TEACHERS:** You **MUST** have a Teachers Licensure (Emergency, Provisional, Level 1 or Level 2) or a Letter of Eligibility **PRIOR** to calling Candy.

**TAMMY LUTZ** at (802) 370-3113 Ext. 114 if you are a temporary/seasonal employee, such as:

*Athletic Coaches*

*Tutors*

*Custodial Substitutes*

*Bus Driver Substitutes*

*Student Teachers*

**FINGERPRINTING:** You **MUST** meet with Candy/Tammy to obtain the correct documents and signatures prior to being fingerprinted.

The following items are required at the time of your meeting:

1. Completed New Hire Packet (**ALL forms MUST be completed**).
2. Two forms of Identification (see the I-9 Form for acceptable documents).
3. **You MUST provide a voided check** for your direct deposit or a document from your bank that includes your name, routing and account numbers. This must be on your bank's letterhead.
4. A check in the amount of \$13.25 made payable to **FWSU (or exact cash)** to cover the "Vermont Criminal Background Check" fees.  
*There is a separate \$35.00 fee at the time of your fingerprints to be given to the police agency for the fingerprinting fees.*

The FWSU office is located in Georgia, on the corner of Routes 7 & 104A.  
(Just south of Exit 18). 4497 Highbridge Road, Fairfax.

# Privacy Act Statement

**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.



# Franklin West Supervisory Union

## Criminal Background Checks Procedure

### Procedure

In order to protect our students from potential abuse or exploitation, Franklin West Supervisory Union will conduct a Vermont criminal record check through the Vermont Criminal Information Center (VCIC), to screen all individuals interested in volunteering/employment (including vendors) in our schools. Failure to disclose a conviction on your application will result in termination of employment.

No individual shall be eligible for hire if they have been convicted of one or more of the following crimes (taken from 16 V.S.A. §§ 252 and 1698). The decision of the Superintendent in these matters shall be final:

- Sex offender crimes listed in 13 V.S.A. § 5401(10) (sex offender definition for registration purposes):
- Crimes involving a victim listed in 13 V.S.A. § 5301(7)
- Contributing to juvenile delinquency under 13 V.S.A. § 1301
- Cruelty to children under 13 V.S.A. § 1304
- Cruelty by person having custody under 13 V.S.A. § 1305
- Prohibited acts under 13 V.S.A. §§ 2632 and 2635
- Displaying obscene materials to minors under 13 V.S.A. § 2804b
- Sexual exploitation of children under 13 V.S.A. chapter 64
- Drug sales, including selling or dispensing under 18 V.S.A. §§ 4230(b), 4231(b), 4232(b), 4233(b), 4234(b), 4234a, 4234b, 4235(c), 4235a(b), and 4237
- Sexual activity by a caregiver, under 33 V.S.A. § 6902(D)
- Crimes that are cause for licensing actions listed in 16 V.S.A. § 1698(1)(B)-(D)

The list of disqualifying crimes is not meant to be exhaustive. For convictions not listed, eligibility to be employed shall be considered on a case-by-case basis. The totality of the crimes and when the conviction occurred shall also be considered. Criminal convictions within the past three years will automatically disqualify the individual.

New hires convicted of a DUI may not at any time drive students for any school event under any circumstances.

In addition to the above disqualifications, it is the discretion of the Superintendent/ Principal/ Director/Designee to accept or not accept specific individuals for employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## TITLE 16 REQUEST FOR CRIMINAL RECORD CHECK

\_\_\_\_ First Submission

\_\_\_\_ Request for **Secondary Dissemination** from: \_\_\_\_\_  
(name of school that completed original record check)

Please note it is the responsibility of the applicant to prove continuous employment at an approved/recognized school inside the state of Vermont with no break of service of one year or more since the original Criminal Record Check submission.

APPLICANT: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

MAIDEN OR OTHER NAMES USED: \_\_\_\_\_

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

GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
CITY/TOWN STATE COUNTRY

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
MONTH/DAY/YEAR AREA CODE/ NUMBER

I, \_\_\_\_\_, hereby acknowledge and agree to a check of any record of criminal convictions per the VSA, Title 16, Chapter 5, Subchapter 4, which may be maintained by the Vermont Crime Information Center, criminal record repositories of other states where I have been employed or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following states:

\_\_\_\_\_

I understand that the results of that check will be made available to **Franklin West Supervisory Union** for use in reviewing my suitability for employment. I further understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings in writing to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_





Franklin West Supervisory Union

*A belief in what is possible.*

**VERMONT CRIME INFORMATION CENTER**  
**FINGERPRINT AUTHORIZATION CERTIFICATE**  
**45 State Drive, Waterbury, VT 05671**

\*\*\***APPLICANT:** You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** submit your fingerprints to VCIC for processing without this form.\*\*\*

\*Agency Code: **00333**

REASON FINGERPRINTED:

☐ Adoption ☒ Education ☐ NCPA-Employment ☐ NCPA-Volunteer ☐ Secretary of State

NAME: \_\_\_\_\_  
Last First Middle

MAIDEN/OTHER NAMES:

\_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ GENDER: ☐ FEMALE ☐ MALE

PLACE OF BIRTH:

\_\_\_\_\_ Town State Country

TELEPHONE NUMBER: \_\_\_\_\_

In addition to Vermont I have resided or been employed in the following states: (If applicable, circle appropriate states)

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT

NB(NE) NV NH NM OH OR PA RI SC TN UT WV WY

Applicant Signature: \_\_\_\_\_

☐ I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

☐ Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IDENTIFICATION CENTER USE ONLY:**

TVT: \_\_\_\_\_ Date Printed: \_\_\_\_\_

**ATTN: ID Center's the following fields are required \* before prints can be taken**

## During the current COVID-19 outbreak please contact Identification Centers directly to inquire about fingerprinting availability due to schedule modifications or restrictions

COUNTY	LOCATION	ADDRESS	PHONE	HOURS	COORDINATOR
Addison	Addison County Sheriff's Office	35 Court Street Middlebury, VT 05753	802-388-2981	Tuesday only. 1:00 - 4:00 p.m. Call for Appointment	Sheriff Donald M. Keeler
Bennington	Bennington County Sheriff's Dept.	811 US 7 South Bennington, VT 05201	802-442-4900	Monday- Friday 8:30 - 11:30 a.m. 1:15 - 3:00 p.m. Walk-ins accepted Call for Appointment	Sheriff Chad Schmidt
Caledonia	St. Johnsbury Police Dept.	1187 Main Street S-2 St. Johnsbury, VT 05819	802-748-2314	Call for Appointment	Anthony Skelton
Chittenden	Burlington P.D. 802-658-2704	1 North Avenue Burlington, VT 05401	Burlington P.D. 802-540-2246	By appointment only Thursday 10:00 a.m. - 3:00 p.m. * Appts book out two weeks	Sarah Trieb
Chittenden	Chittenden County Sheriff's Office	70 Ethan Allen Drive S. Burlington, VT 05401	802-863-4341 Option 3	Call for Appointment	Sheriff Kevin McLaughlin Deputy Sheriff Dick Rowden
Essex	Essex County Sheriff's Office	91 Courthouse Drive Guildhall, VT 05905	802-676-3500	Call for Appointment	Sheriff Trevor Colby
Franklin	Swanton Police Department	120 First Street, Swanton	802-868-4100	Call for Appointment	Chief Leonard Stell
	Franklin County Sheriff's Office	387 Lake Street, St Albans	802-524-2122	Call for Appointment	Sheriff John Grismore
Grand Isle	Grand Isle County Sheriff's Office	Route 2 North Hero, VT 05474	802-372-4482	Monday thru Friday 9:00 a.m. - 4:00 p.m. Call for Appointment	Lt. Donna Polk
Lamoille	Lamoille County Sheriff's Office	Main Street Hyde Park, VT 05655	802-888-2561	Call for Appointment	Kara Gates Heidi Patch
Orange	Orange County Sheriff's Office	11 VT Route 113 Chelsea, VT 05038	802-685-4875	Call for appointment	Any Duty Clerk
Orleans	Orleans County Sheriff's Office	5578 US RT 5 Derby, VT 05829	802-334-3333	Monday thru Friday 8:00 - 4:30 p.m. Call for Appointment	Sheriff Jennifer Harlow Tammy LaCourse
Rutland	Rutland City Police Dept.	108 Wales St. Rutland, VT 05702	802-773-1838	Payment by check only. Call for Appointment	Records Division
Washington	Washington County Sheriff's Office	10 Elm Street Montpelier, VT 05602	802-223-3001	Tues., Wed., Thurs. Call for Appointment	Deputy Sheriff Bruce McClure
Windham	Windham County Sheriff's Office	12 Jail Street Newfane, VT 05345	802-365-4942	3:00 p.m. on Monday Call for Appointment	Sheriff Keith Clark
Windsor	Windsor Police Department	29 Union Street Windsor, VT 05089	802-674-8076	Thursday & Friday 8:30 a.m - Noon Call for Appointment	Julianne Voltmer

Please note, other law enforcement agencies within your community may also be available to process applicant fingerprints, contact them directly with any questions.

Updated 2/16/2021



## Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306

AND

Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

### CONSENT FOR RELEASE OF REGISTRY INFORMATION

*(This form is for use with the ON-LINE registry checking system ONLY)*

\*\*\*\*This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

#### Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: \_\_\_\_\_  
LAST FIRST Middle Initial

Gender: \_\_\_\_\_ Last 4 Digits of Social Security #: XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State, Country

Other **FIRST** names I have used, if any (i.e. Nicknames, Aliases): \_\_\_\_\_  
(Type or Print)

Other **LAST** names I have used, if any (i.e. Maiden Names, Aliases): \_\_\_\_\_  
(Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to .....

**Franklin West Supervisory Union**

\_\_\_\_\_  
(Prospective) Staff, Contractor, or Volunteer Signature

\_\_\_\_\_  
Date





Franklin West Supervisory Union

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**REQUEST FOR SECONDARY DISSEMINATION**

Requesting School: \_\_\_\_\_

School of Origin: \_\_\_\_\_

1. Applicant: \_\_\_\_\_  
Last Name First Name Middle Name

I, \_\_\_\_\_ hereby acknowledge and agree to the release of my Vermont Criminal Record Check to the above listed school for employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signed in the presence of school official or notary public)

Identity Verified by: Date: \_\_\_\_\_ Date: \_\_\_\_\_  
(printed name of official making identification)

I understand that within 30 days of receiving the results of the record checks, I have the right to appeal the findings to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

Form 1  
Revised 1/10

**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

**2023****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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, other details, 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) Reserved for future use.
- (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 . . . . . ☐

**TIP:** If you have self-employment income, see page 2.

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.)

<b>Step 3: Claim Dependent and Other Credits</b>	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 . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . .	<b>4(c)</b>	\$ _____

<b>Step 5: Sign Here</b>	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
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



**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.

- 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 2023 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:  $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **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 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.



## 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](http://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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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, 2024.

**Your privacy.** 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).

**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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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.

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 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 2023 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.



**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	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

Vermont Department of Taxes  
**Employee's Withholding Allowance Certificate - Form W-4VT**

All Vermont employees should complete this form.  
**To be filed with your employer.**

Last Name	First Name	Initial	Social Security Number
Filing Status - Check ONE			
<input type="checkbox"/> Single	<input type="checkbox"/> Married/Civil Union Filing Jointly	<input type="checkbox"/> Married/Civil Union Filing Separately	<input type="checkbox"/> Married, but withhold at higher single rate

**Vermont Allowances Worksheet**

1. Enter "1" for yourself if no one can claim you as a dependent. .... 1. \_\_\_\_\_
2. Enter "1" if you are filing jointly and your spouse does not work ..... 2. \_\_\_\_\_
3. Enter the number of dependents you plan to claim on your tax return. If you file jointly, then only one of you should claim the dependents on your W-4VT ..... 3. \_\_\_\_\_
4. Enter "1" if you plan to file as "head of household". .... 4. \_\_\_\_\_
5. Total number of Vermont allowances. (Add Lines 1 through 4 and enter total here.) ..... 5. \_\_\_\_\_
6. Enter an additional amount, if any, you want withheld from each check. .... 6. \_\_\_\_\_

**Exempt:** If you had a right to a refund of all your Vermont income tax withheld last year because you had no tax liability and you also expect to have no liability this year, write "Exempt" here. ....

**General Information**

Form W-4VT is designed so that you can have as much "take-home pay" as possible without an income tax liability due to Vermont when you file your tax return. Each withholding allowance you claim on Line 5 above will reduce the amount of income you are taxed on and therefore the amount of Vermont income tax withheld each paycheck.

Here are some things to remember as you complete this form:

- Generally, dependents are children under 19 (or up to 24 if they are a full-time student) and any relatives who live with you and you support financially.
- If you and your spouse both claim your dependents on your respective W-4VTs, not enough income tax will be withheld, and you might end up with taxes due when you file. Only one spouse should claim the dependents.
- If you entered an additional amount to be withheld on the federal W-4, consider entering 30% of that amount on Line 6.
- If you have more than one employer, consider claiming zero allowances with the employer(s) where you earn less income.

**Signature**

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

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

*This form may be photocopied as needed.*



**VT Form  
HC-2**

**DECLARATION OF  
HEALTH CARE COVERAGE**

This form must be completed annually by all uncovered employees. Employers must retain this form for 3 years.

**Employer:** This form is only to be completed by employees if you offer to pay a portion of a health care plan that provides hospital and physicians services to at least some of your employees. You must retain all employee declaration forms together in a file for three years and be able to produce them in the event of an audit.

**Franklin West Supervisory Union / Fairfax Town School / Georgia Town School / Fletcher Town School**

**Employee:** Complete and sign this form and return it to your employer. The purpose of this form is to obtain information regarding your health care coverage. The information you provide on this form will be used solely for purposes of determining if your employer must pay Health Care Contributions as required under Vermont law at 32 V.S.A § 10503.

Employee's Full Name (Please print)

Employee ID or Social Security Number

Date of Birth

Will the employee be under the age of 18 for the entire calendar year?

☐ YES

☐ NO

If YES, stop. Please sign the bottom of the form and submit it to your employer.

If NO, please continue to complete this form and submit it to your employer.

Check the box beside the statement that best describes your health care coverage.

**1. My employer offers health care coverage to me.**

☐ I have accepted the health care coverage offered and provided by my employer.

**2. My employer offers health care coverage to me, and I have not accepted my employer's coverage.**

☐ I have health care coverage that includes hospital and physicians services from a source other than Medicaid or Vermont Health Benefit Exchange.

My coverage is provided through: \_\_\_\_\_

☐ I am a full-time employee and have health care coverage as an individual through the Vermont Health Benefit Exchange.

☐ I have Medicaid.

☐ I have no health care coverage.

**3. My employer does not offer health care coverage to me.**

☐ I am a part-time employee who works fewer than 30 hours per week, and I have coverage from a source other than Medicaid that offers hospital and physicians services.

☐ I am a seasonal employee who expects to work for this employer 20 or fewer weeks during this calendar year, and I have coverage from a source other than Medicaid that offers hospital and physicians services.

☐ I have health care coverage that offers hospital and physicians services.

My coverage is provided through: \_\_\_\_\_

☐ I am a part-time or seasonal employee, and I do not have health care coverage or I am covered by Medicaid.

☐ I have no health care coverage.

☐ I certify the above information is accurate and true to best of my knowledge and belief.

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

**Note:** If your health care coverage changes within the year, you must complete a new Declaration of Health Care Coverage.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States		
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>		
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____		
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	<b>QR Code - Section 1</b> Do Not Write In This Space	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>		
1. Alien Registration Number/USCIS Number: _____ <b>OR</b>		
2. Form I-94 Admission Number: _____ <b>OR</b>		
3. Foreign Passport Number: _____ Country of Issuance: _____		

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

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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		Today's 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*







**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

**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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				

**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	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	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
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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: 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 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.		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
		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		
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				

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

Refer to the instructions for more information about acceptable receipts.



**Franklin West Supervisory Union**

**Payroll** 4497 Highbridge Road, Fairfax, VT 05495 **Email:** pdecatur@fwsu.org  
**Phone:** 802-370-3113 **Ext.116 Fax:** 802-370-3115

## **DIRECT DEPOSIT AUTHORIZATION FORM**

**Employee Name:** \_\_\_\_\_

I hereby authorize(select your employing entity) ☐ Fairfax ☐ Georgia ☐ Fletcher ☐ FWSU  
to automatically deposit my paycheck into the following Financial Institution(s):

### **Primary Account**

**Financial Institution Name:** \_\_\_\_\_

**Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Account Type:** ☐ Checking\* ☐ Savings

**Deposit Amount:** ☐ Net Pay ☐ Flat Amount ☐ Percentage  
\$ \_\_\_\_\_ %

If you want your reimbursements deposited in this account, check here ☐

### **Secondary Account**

**Financial Institution Name:** \_\_\_\_\_

**Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Account Type:** ☐ Checking\* ☐ Savings

**Deposit Amount:** ☐ Net Pay ☐ Flat Amount ☐ Percentage  
\$ \_\_\_\_\_ %

If you want your reimbursements deposited in this account, check here ☐

Reimbursements - Mileage, Course, Workshop, Supplies, etc.

**\*ATTACH COPY OF VOIDED CHECK\***

Please sign below to authorize this direct deposit information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



**403(b) Information: You have the option to participate in our 403b Retirement Program. Applicants may join the plan quarterly. You can contribute a percentage or set amount (step 4) or you can decline by checking the decline box prior to signing the form (step 3). Please note this is an employee contribution only option.**

## 403(b) Salary Reduction Agreement

### Franklin West Supervisory Union 403(b) Plan

#### STEP 1 Employee/Participant Information

First Name		Last Name		M.I.
Home/Legal Street Address (P.O. Boxes not accepted)				Apartment/Suite
City		State	Zip	
Home Telephone Number		Business Telephone Number	Cellular Telephone Number	
Email Address		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Social Security Number		Date of Birth (month   day   year)		Date of Hire (month   day   year)

#### STEP 2 AGREEMENT

The above named Employee elects to become a participant of the Employer's retirement Plan and agrees to be bound by all the terms and conditions of the Plan. By executing this agreement, Employee authorizes Employer to reduce his or her compensation and have that amount contributed as an elective deferral and/or as a salary reduction contribution to the Roth option if permitted in the Plan, on his or her behalf into the annuity or custodial accounts as selected by Employee. It is intended that the requirements of all applicable state or federal income tax rules and regulations (Applicable Law) will be met. Employee understands and agrees to the following:

- 1) This Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect;
- 2) This Salary Reduction Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new Salary Reduction Agreement is submitted; and
- 3) This Salary Reduction Agreement may be changed with respect to amounts not yet paid or available in accordance with Employer's administrative procedures.

Employee is responsible for providing the necessary information at the time of initial enrollment and later if there are any changes in any information necessary or advisable for Employer to administer the Plan. Employee is responsible for determining that the salary reduction amount does not exceed the limits set forth in applicable law. Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims, and demands whatsoever that may arise from the purchase of annuities or custodial accounts. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein. Employee agrees Employer shall have no liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the annuity and/or custodial account. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Employee is responsible for setting up and signing the legal documents to establish an annuity contract or custodial account. However, in certain group annuity contracts, Employer is required to establish the contract.

Employee is responsible for naming a death beneficiary under annuity contracts or custodial accounts. Employee acknowledges that this is normally done at the time the contract or account is established and reviewed periodically.

Employee is responsible for all distributions and any other transactions with Vendor. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary, or Employee's authorized representative. Employee must deal directly with Vendor to make loans, transfers, apply for hardship distributions, begin regular distributions, or any other transactions.



**STEP 3 VOLUNTARY SALARY REDUCTION INFORMATION**

- ☐ Initiate new salary reduction (Complete Section 4 and 5)
- ☐ Change salary reduction (Complete Section 4 and 5)
- ☐ Change Funding of Investment Vendor Provider (Complete Section 4 and 5)
- ☐ Discontinue salary reduction (Complete Section 5)

☐ **Decline Retirement Program**

**STEP 4 DEFERRAL ELECTION & FUNDING VEHICLE**

Contribution per Pay Period

☐ \_\_\_\_\_ % - OR - ☐ \$ \_\_\_\_\_

(Select ONLY ONE) Contribution made as a: ☐ Pre-Tax Elective Deferral - OR - ☐ Roth Elective Deferral (if applicable)

**STEP 5 SIGNATURES & AUTHORIZATIONS**

I certify that I have read this complete agreement and provided the information necessary for my Employer to administer the Plan and that my salary reductions will not exceed the elective deferral or contribution limits as determined by Applicable Law. I understand my responsibilities as an Employee under this Program, and I request that my Employer take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable solely by my beneficiary, my authorized representative or me.

►

Employee Signature

--  
Date (month | day | year)

**TO BE COMPLETED BY THE EMPLOYER AND/OR THIRD PARTY ADMINISTRATOR**

Employer hereby agrees to this Salary Reduction Agreement:

Print Name

►

Employer Signature

Title

--  
Date (month | day | year)

Third Party Administrator verifies this Salary Reduction Agreement

Print Name

►

Third Party Administrator Signature

Title

--  
Date (month | day | year)



Franklin West Supervisory Union

**Human Resources**

4497 Highbridge Road, Fairfax, VT 05454

Phone: 802-370-3113 ext 105

Fax: 802-370-3115 | Email: [hr@fwsu.org](mailto:hr@fwsu.org)

**EMPLOYEE DATA VERIFICATION SHEET**

Name: \_\_\_\_\_ / \_\_\_\_\_  
Last, First, Middle Position

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
\_\_\_\_\_  
SSN: \_\_\_\_\_

Sex: ☐ Male / ☐ Female Marital Status: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Physician: \_\_\_\_\_  
Work/Cell/Home Phone #'s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Preferred Medical Care Facility: \_\_\_\_\_  
Significant medical considerations (such as allergies, health conditions, medications, etc) or any other  
information that you feel we should know \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of last Tetanus Shot: \_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF CONFIDENTIALITY**

*In order to maintain a safe environment for children where they are able to develop trust in others and take risks, we must maintain confidentiality in all schools within FWSU. This means that we must agree to keep what we see, hear and find out about specific children, confidential. In addition, under the Family Rights to Privacy Act, by law, all personnel in a school are obligated to maintain confidentiality. All administrators, teachers, staff members, volunteers and substitutes are asked to cooperate in the effort to maintain the confidentiality of students. For our files, we ask that you sign below as an acknowledgement and understanding of our confidentiality policy and the need to share confidential information with your immediate supervisor and/or administrator.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **BLOODBORNE PATHOGENS IN SCHOOLS**

## **INTRODUCTION**

As sure as children fall while learning to walk, students experience cuts, bruises and other injuries. In times past, little thought was given to treatment of such injuries. However, in today's environment it's critical that school professionals plan a safe response to children in need. Whether in the classroom, on a playing field or on a school bus, all school employees must know the potential danger of bloodborne pathogens.

Guidelines have been developed by the Centers of Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) that can protect you from bloodborne pathogens. These guidelines outline a method for you and your school system to follow in order to substantially reduce the risk of contracting a bloodborne disease while on the job. OSHA has developed a standard to protect anyone who can reasonably anticipate contact with blood or potentially infectious body fluids while at work.

OSHA recommends that school systems identify the personnel whose job duties expose them to blood and potentially infectious body fluids. Not every school employee is occupationally exposed to bloodborne pathogens. However, it's important that every school employee understands the dangers of infection and safe practices to minimize risk.

## **BLOODBORNE DISEASES**

Bloodborne pathogens are microorganisms carried by human blood and other body fluids. The two most common are the hepatitis B virus (HBV), hepatitis C (HBC) and the human immunodeficiency virus (HIV).

Many people think of AIDS when discussing bloodborne pathogens, but actually HBV is much more common. According to the Centers for Disease Control, each year in the U.S. approximately 500,000 people become infected with HBV, as compared to about 40,000 individuals that may contract HIV.

Unfortunately, children are as prone to bloodborne diseases as adults are. That means you are as much in danger of infection from the children you work with as any other group in society.



## HBV

Hepatitis means "inflammation of the liver". Most people suffering from HBV will heal in approximately six months. But the virus can be life threatening-leading to cirrhosis and almost certain death.

If you become infected with HBV:

- You may suffer from flu-like symptoms (fatigue, weight-loss, fever or diarrhea).
- You may require hospitalization.
- You may not exhibit any symptoms, being unaware that you are a carrier.
- Your blood, saliva and other body fluids may be infected.
- You may spread the virus to sexual partners, family members and even unborn infants.

Symptoms of this disease are hard to pin down. Many contagious people show no signs or symptoms whatsoever. Only blood tests can positively identify the disease.

## HBC

It is spread by direct contact with the blood of an infected person. Once transmitted, the incubation period is an average of 45 to 75 days. Only 25% to 30% of infected individuals show any signs of infection, and those signs may not be recognized. Symptoms of HCV are similar to those of HBV (see above).

Approximately 4 million Americans are currently infected with HCV, and an estimated 36,000 to 242,000 new infections occur in the United States each year. About 15% of HCV-infected individuals clear the virus, and about 85% go on to develop chronic hepatitis C. Chronic liver disease may develop in 70% of the individuals with chronic hepatitis C, resulting in 8,000 to 10,000 deaths each year. Infection with HCV is the most common reason people have liver transplants in the United States.

## HIV

The human immunodeficiency virus attacks the body's immune system, causing the disease known as AIDS. At present, there is no vaccine to prevent AIDS. If you contract HIV:

- You may suffer from flu-like symptoms (fever, diarrhea, fatigue).
- You may carry the virus without showing symptoms for several years.
- You will eventually develop AIDS.
- You may fall victim to AIDS-related illnesses including neurological problems, cancer and other opportunistic infections.

HIV is transmitted mainly through sexual contact, but also may be spread by contact with blood and body fluids. HIV is not transmitted by touching or working around people who carry the disease.

## **WORKPLACE TRANSMISSION**

Knowing how these dreaded diseases are transmitted can be your first line of defense from infection. HBV, HCV, HIV and other pathogens may be present in blood and other materials, such as:

- Body fluids containing visible blood.
- Semen and vaginal secretions.
- Torn or loose skin.

Bloodborne pathogens can cause infection by entering your body through:

- Open cut and nicks.
- Skin abrasions.
- Dermatitis.
- Acne.
- The mucous membranes of your mouth, eyes or nose.

Special-education employees should take extra caution while working with severely disabled children. Some children may be more:

- Vulnerable to injury.
- Likely to have special medical needs.
- Dependant on adults for personal care.

## **ACCIDENTAL INJURY**

You can become infected by cutting yourself with a contaminated sharp object like:

- Broken glass
- Sharp metal
- Needles
- Knives
- Exposed ends of orthodontic wires.

## **INDIRECT TRANSMISSION**

Bloodborne diseases can also be transmitted indirectly. This happens when you touch a contaminated object or surface and then transfer the infection to your:

- Mouth
- Eyes
- Nose
- Non-intact skin

Sound unlikely? Not when you consider HBV can survive on surfaces dried and at room temperature for at least a week. Contaminated surfaces are a major factor in the spread of HBV.



## **EXPOSURE CONTROL PLAN**

OSHA recommends that every school system create a written Exposure Control Plan (ECP) that's made available to **every** school employee. The ECP will:

- Identify the personnel at greatest risk for exposure.
- Analyze the potential hazards of each job description.
- Determine what measures will be taken to reduce the risk of exposure to bloodborne pathogens on the job.

## **STANDARD PRECAUTIONS**

Most approaches to infection control are based on the concept of Standard Precautions—treating all blood and body fluids as if they were potentially infectious.

This approach is critical because it is impossible to tell who is infected with HBV, HCV or HIV simply by appearances. Many people who carry infectious disease have no visible symptoms and no knowledge of their condition.

Victims of HBV, HCV and HIV come from:

- All age groups
- Every socioeconomic class
- Every state and territory
- Rural areas and inner cities.

Remember that an exposure can lead to infection. Using Standard Precautions may literally save your life.

## **REDUCING YOUR RISK**

Reducing your risk of exposure to bloodborne pathogens means you need to do more than wear gloves. To protect yourself effectively use:

- Work practice controls
- Personnel protective equipment
- Engineering controls
- Housekeeping
- Hepatitis B vaccine.

Alone, none of these five approaches is 100-percent effective. They must be used together to protect you from HBV, HCV and HIV.

## **ENGINEERING CONTROLS**

Your school system will provide physical or mechanical systems that eliminate hazards at their source. Their effectiveness usually depends on you. Know what engineering controls are available at your school and use them.

For example, appropriate containers must be used for disposing of regulated waste and towels soaked with blood or body fluids.

## **WORK PRACTICE CONTROLS**

Work practice controls are specific procedures you must follow on the job to reduce your exposure to blood or other potentially infectious materials. The school system will assign personnel to deal with bloodborne hazards on a regular basis. These employees may include:

- A person trained in bloodborne pathogens safety to give first-aid treatment to students
- A custodian or trained person responsible for cleaning up all body fluid spills.

## **HANDWASHING**

The most important work practice control is handwashing. Good handwashing keeps you from transferring contamination from your hands to other parts of your body or other surfaces you may contact later.

You should wash your hands with nonabrasive soap and running water:

- Every time you remove your gloves or other PPE.
- If skin or mucous membranes come in direct contact with blood or other body fluids, wash or flush the area with water as soon as possible.
- Where handwashing facilities are not available, such as a school bus, your employer will provide an antiseptic hand cleanser or antiseptic towelettes. Use these as a temporary measure only. You must still wash your hands with soap and running water as soon as you can.

## **PERSONAL HYGIENE**

Here are more ways to protect yourself from bloodborne pathogens:

- Minimize splashing, spraying, spattering and generation of droplets when attending to an injured student or co-worker, especially where blood is present.
- Don't eat or drink, smoke, apply cosmetics or lip balms, or handle contact lenses where there is likelihood of exposure.
- Don't keep food and drink in refrigerators, freezers, shelves, and cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.



## **PERSONAL PROTECTIVE EQUIPMENT**

The type of personal protective equipment or PPE appropriate for your job, varies with the task and the exposure you anticipate. PPE you should wear may include: gloves, masks, aprons, lab coats, face shields, protective eyewear, masks, mouthpieces and resuscitation bags or other ventilation devices.

If you clean up blood or body fluids:

- Wear appropriate PPE
- Use solution of one part bleach to 100 parts water or one-fourth cup bleach to one gallon of water.
- Disinfect mops and cleaning tools after the job is done.

Your school system will issue personnel protective equipment or make it readily accessible. In addition, your school system will maintain, replace or dispose of any PPE at no cost to you.

## **GENERAL RULES ON PPE**

You and your employer must work together to make sure your PPE does its job.

- You must be trained to use the equipment properly.
- You must use appropriate PPE each time you perform a task with potentially infectious materials.
- The equipment must be appropriate for the task and fit properly, especially gloves.
- All equipment must be free of flaws that could impede safety.

If PPE becomes penetrated by blood or other infectious materials then remove it as soon as possible.

## **RESUSCITATION DEVICES**

Pocket masks and mechanical emergency respiratory devices are designed to isolate you from contact with a victim's saliva.

Avoid unprotected mouth-to-mouth resuscitation. Students or co-workers may expel saliva, blood or other fluids during resuscitation.

## **GLOVES**

Gloves are the most frequently used type of personal protective equipment. You must wear gloves when it is reasonably anticipated your hands may contact:

- Blood
- Potentially infectious materials
- Mucous membranes or non-intact skin.

Single-use disposable gloves are used for first-aid procedures. Heavy-duty utility gloves should be used for housekeeping. If you are allergic to disposable gloves, there are hypoallergenic gloves, glove liners, powderless gloves or other alternatives available.

Since gloves can be torn or punctured, cover and hand cuts with bandages before putting on gloves. Replace gloves as soon as you can if they are:

- Torn
- Punctured
- Contaminated
- Defective in any way.

Never wash or decontaminate single-use disposable gloves for reuse.

## **GLOVE REMOVAL**

As important as wearing gloves is, you are not protected unless you remove them correctly.

- With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.
- With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second.
- Dispose of the gloves promptly.
- Never touch the outside of the glove with bare skin.
- Every time you remove your gloves, wash your hands with soap and running water as soon as possible.

## **FIRST RESPONDERS KITS**

Your school may provide first responder kits as an effective way to deal with injuries and reduce the threat of bloodborne pathogens. The kit should contain:

- Gloves
- Combination masks that protect eyes, nose and mouth.
- Gauze and all other appropriate first aid equipment.
- Device for resuscitation.



## **GOOD HOUSEKEEPING**

Good housekeeping is everyone's responsibility, since it protects you and the students.

Your facility's Exposure Control Plan will list specific methods and regular schedules for cleaning surfaces possibly contaminated with infectious materials.

Here are some general rules:

- Clean and decontaminate all equipment and environmental working surfaces as soon as possible after contact with blood or other potentially infectious materials. Use an appropriate disinfectant such as a solution of one part bleach to 100 parts water or one-fourth cup bleach to one gallon of water.
- Never pick up broken glass with gloved or bare hands. Use tongs or a broom and dustpan.
- Place contaminated sharps and infectious wastes in designated containers. Sharps containers should be labeled or color-coded, leak-proof containers that are closeable and easily accessible to those who use them. Do not allow waste containers to overfill.
- Handle contaminated laundry as little as possible and with minimal agitation. Place soiled laundry in labeled or color-coded leak-proof bags or containers without sorting or rinsing.
- Bins, pails, cans and similar receptacles that are reused and have a reasonable likelihood for becoming contaminated with blood or other infectious materials shall be inspected and decontaminated on a regularly scheduled basis.

## **KNOW THIS LABEL**

Watch for fluorescent orange-red labels, red bags and containers with a biohazard symbol. This symbol warns you that the container holds blood or other potentially infectious materials.

## **HBV VACCINATIONS**

Rolling up your sleeve for this vaccination may be one of the best ways to prevent hepatitis B infection. If you are exposed to blood or other infectious materials as part of your job, the school system will make the hepatitis B vaccination available to you at no cost.

The vaccine can be given within 24 hours of exposure. It will be completed by three injections over a six-month period. Today's vaccines are safe and effective.

## **PLAYING IT SAFE**

Accidents happen. If you are exposed, immediately report the incident to your supervisor. If you consent, your employer will provide you with:

- A confidential medical evaluation
- Blood tests
- Post-exposure preventative treatment if available
- Follow-up counseling.

## **BLOODBORNE PATHOGENS IN SCHOOLS**

As a school employee, you must react to an emergency not only with your heart, but also with your head. Know the facts about bloodborne diseases so you can take sensible precautions. Students, co-workers and loved ones are counting on you. Take the time to protect yourself while helping a child or co-worker in need.



# Bloodborne Pathogens

## QUIZ

- |     |      |       |  |
|-----|------|-------|--|
| 1.  | True | False | HIV and HBV may be present in body fluids other than blood.  |
| 2.  | True | False | Children may not exhibit any symptoms, being unaware that they are a carrier of HBV.                                     |
| 3.  | True | False | Sexual contact and sharing infected needles are the only ways HBV and HIV can be transmitted.                            |
| 4.  | True | False | Blood, vomit or urine may contain bloodborne pathogens.  |
| 5.  | True | False | You should always check disposable gloves for holes to ensure they will protect you from bloodborne pathogens.           |
| 6.  | True | False | Bloodborne infections can be transmitted through an open cut or through common skin conditions like dermatitis.          |
| 7.  | True | False | The HBV vaccine is safe and effective.   |
| 8.  | True | False | It's recommended that every school system create an Exposure Control Plan and make it available to all of the employees. |
| 9.  | True | False | Some people infected with HBV show no signs or symptoms.   |
| 10. | True | False | Contaminated surfaces can easily lead to the spread of HBV.  |
| 11. | True | False | Standard Precautions means treating all blood and body fluids as if they are infected with a bloodborne disease.         |
| 12. | True | False | To effectively disinfect surfaces and cleaning tools you may use one part bleach to 10 parts water.                      |
| 13. | True | False | Only teachers and housekeeping staff are at risk of encountering bloodborne pathogens at school.                         |

- |     |      |       |   |
|-----|------|-------|---|
| 14. | True | False | You must carefully remove disposable gloves to minimize your risk of infection.   |
| 15. | True | False | HBV is never life threatening.  |
| 16. | True | False | Housekeeping staff and other school employees who clean sinks should wear proper PPE including gloves.  |
| 17. | True | False | If you contract HBV you can put your family at risk of infection.   |
| 18. | True | False | There's no need to wash your hands after removing disposable gloves.  |
| 19. | True | False | Your school system's Exposure Control Plan will identify those who are at greatest risk coming in contact with bloodborne pathogens while on the job. |
| 20. | True | False | Protecting yourself from bloodborne disease requires knowing the facts about HBV, HCV and HIV and taking sensible precautions.                        |

### ACKNOWLEDGEMENT OF TRAINING

I have read and understand the training handbook, **Bloodborne Pathogens in Schools**. I have also completed and passed the comprehensive quiz at the conclusion of this handbook.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Note:** This record may be included in the employee's personnel or training file.