



# KELSO SCHOOL DISTRICT

601 Crawford St. • Kelso, WA 98626 • 360.501.1900 • kelso.wednet.edu • HR/Payroll Dept.

## New Substitute Hire Checklist

Name: \_\_\_\_\_.

First Day: \_\_\_\_\_.

**Please do not print double sided!**

I-9 Employment Eligibility Form - Please bring in acceptable documents from the list of acceptable documents

W-4 Form - Must bring in your social security card for legal name verification

Direct Deposit Authorization - must bring in voided check or direct deposit information printed from online banking

Acceptable Use Agreement

Emergency Contact Form

Retirement Eligibility Worksheets

Retirement Status Verification Form

WA State Sexual Misconduct Form (if applicable)

Verification of Experience Form (if applicable)



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**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	
<b>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.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 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)		Additional Information			
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
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)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			

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
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the 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.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>
<b>Acceptable Receipts</b> May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	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.
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**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 ( <i>Family Name</i> ) from <b>Section 1.</b>	First Name ( <i>Given Name</i> ) from <b>Section 1.</b>	Middle initial (if any) from <b>Section 1.</b>
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**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 \(M-274\)](#)

<b>Date of Rehire (<i>if applicable</i>)</b>		<b>New Name (<i>if applicable</i>)</b>	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	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) ( <i>mm/dd/yyyy</i> )	
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 ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

<b>Date of Rehire (<i>if applicable</i>)</b>		<b>New Name (<i>if applicable</i>)</b>	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	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) ( <i>mm/dd/yyyy</i> )	
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 ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

<b>Date of Rehire (<i>if applicable</i>)</b>		<b>New Name (<i>if applicable</i>)</b>	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	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) ( <i>mm/dd/yyyy</i> )	
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 ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

**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.

**2024****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, and when to use the estimator at [www.irs.gov/W4App](http://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](http://www.irs.gov/W4App) for 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.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>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</b> <b>(optional):</b> <b>Other</b> <b>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 <b>pay period</b> . .	<b>4(c)</b>	\$

**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)
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## 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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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, 2025.

**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](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

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

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

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 2024 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](http://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 2024 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:  $\left\{ \begin{array}{l} \bullet \$29,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$21,900 \text{ if you're head of household} \\ \bullet \$14,600 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **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.

**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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

# 2024 Form OR-W-4

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(Rev. 08-18-23, ver. 01)

Oregon Department of Revenue



Office use only

## Oregon Withholding Statement and Exemption Certificate

First name	Initial	Last name	Social Security number (SSN)	<input type="checkbox"/> Redetermination
Address			City	State ZIP code

**Note:** Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

- Select one:** ☐ Single ☐ Married ☐ Married, but withhold at the higher single rate.  
**Note:** Select "Single" if you're married but legally separated or your spouse is a non-U.S. citizen without permanent resident status.
- Allowances.** Total number of allowances you're claiming on line **A4, B15, or C5.**  
**See worksheets in the instructions.** If you skip the worksheets and aren't exempt, enter **0**..... 2.
- Additional amount,** if any, you want withheld from each paycheck..... 3.
- Exemption from withholding.** I certify my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete **both** lines below:
  - Enter your exemption code. (See instructions) ..... 4a.
  - Write "Exempt" ..... 4b.

**Sign here.** Under penalty of false swearing, I declare the information provided is true, correct, and complete.

Employee signature (This form isn't valid unless signed.)	Date
---	------

### Employer use only.

Employer name	Federal employer identification number (FEIN)		
Employer address	City	State	ZIP code

— Submit this form to your employer —



**--KELSO PUBLIC SCHOOLS --**  
**Automated Direct Deposit Authorization Agreement**

---

Employee Name (Please Print) \_\_\_\_\_

**Instructions:**

Please complete and return this form to the Payroll Office by the 10<sup>th</sup> of the month.

**Direct Deposit is mandatory for all employees. If forms are received by the 10th of the month, direct deposit will take effect the current month. If forms are received after the 10<sup>th</sup> of the month, you will receive a warrant/paycheck the first month during the trial run.**

I hereby authorize Kelso School District No. 458 to deposit my monthly salary into my bank account. You must check the appropriate checking or savings box.

☐

Checking – you must attach a voided check

☐

Savings – you must attach a statement from your bank with full routing number and full account number

Bank/Credit Union Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

I further authorize Kelso School District to provide my Bank or Credit Union such information as is necessary to resolve any errors arising out of this authorization.

**It will be the employee's responsibility to inform the Payroll Office if the checking or savings account that this authorization is intended for is closed. A new authorization for the new account must be submitted to the Payroll Office before the 10th of the month. If the Payroll Office is not notified of this change prior to the pay date and the direct deposit is rejected, it will be five (5) business days before a warrant/check can be issued. (Example: May 31 pay day would be paid by warrant/check on June 7<sup>th</sup>) The employee is responsible for all NSF charges created by the non-deposit.**

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

**Please staple bank-voided check here:**

## **Kelso School District Acceptable Use Procedures – STAFF**

Kelso School District is pleased to provide staff access to computers, email, Google Resources/Gsuite account and network resources. This document contains the Acceptable Use Procedures for using these resources. Users of these resources are responsible for their actions and are expected to review and understand the procedures in this document.

### **Network**

The district network includes wired and wireless devices and peripheral equipment, files and storage, email, Gsuite account and online content. The district reserves the right to prioritize the use of, and access to, the network. All use of the network must support education and research and be consistent with the mission of the district. The district network has not been established as a public access service or a public forum. Users are expected to follow the rules set forth in Kelso School District Acceptable Use Procedures, Washington State K-20 Network Conditions of Use and Acceptable Use Policies

(<https://k20wa.org/about/conditions-of-use-acceptance-policies/>), and federal and state laws in the use of the district network. Any use of the network to access sources beyond the district network must conform to the Acceptable Use Policies of those other sources.

### **Network Access/ District email**

1. Staff who have a signed Kelso School District Acceptable Use Agreement on file with the district will have access to the Internet.
2. Staff are granted appropriate KSD-related accounts by Human Resources upon hiring. The staff member must sign a Kelso School District Acceptable Use Agreement and have it recorded by the Human Resources department to be granted access to all types of technology accounts.
3. Staff members will use their district e- mail account for all job related communications.
4. A District email address is public information and will be released as appropriate under the Public Disclosure laws.
5. If users receive unsolicited email messages (spam) containing inappropriate material they will delete those messages within one working day.
6. Users will not forward email chain letters or engage in “spamming”. Spamming is sending an annoying or unnecessary message to a large number of people.
7. Users will check their email frequently, delete unwanted messages promptly, and maintain a high level of vigilance in recognizing and not engaging in responding to phishing attempts or scammer emails.
8. Users should respect the privacy of those they correspond with before forwarding a message sent to them.
9. Users should be aware that email is inherently not secure. Confidentiality breaches are possible, if not likely.
10. It is acceptable to add your KSD email to a personal device, i.e. mobile phone. Be aware that if you have KSD email synced to your mobile phone, or other personal device, in

event of a legal investigation your device can be subpoenaed and searched by law enforcement. Your device could also be susceptible to public records requests.

### **Use of Personal Electronic Devices**

Use of personal mobile devices on KSD's network is not recommended. Personal computers are not allowed. Understand that any personal device connected to KSD's digital resources may be susceptible to public records requests. Also, please understand that the intent of KSD's network is for education, and connecting personal devices to it can take up valuable resources.

#### **Acceptable network use by district staff includes:**

1. Creation of files, digital projects, videos, web pages, social media sites, and podcasts using network resources in support of education and research; Any web pages posted on behalf of the Kelso School District must comply with building and district standards as explained in District Web Page Authoring Procedures.
2. Accessing the Internet, participation in online communities and communicating through email and online in support of education and research; All online postings or comments should be moderated by the owner and are subject to monitoring by district personnel.
3. With parental permission, the online publication of original educational material, curriculum related materials and student work, images and videos.. Sources outside the classroom or school must be cited appropriately.
4. Instant messaging or video conferencing (i.e.Zoom/Google Meet) for educational purposes.
5. Staff use of district technology resources for incidental personal use in accordance with all district policies and procedures.

#### **Unacceptable network use by district staff includes but is not limited to:**

1. Personal gain, commercial solicitation and compensation of any kind;
2. Actions that result in liability or cost incurred by the district;
3. Downloading, installing and use of applications without permission or approval from the KSD Technology Department;
4. Downloading large files. If necessary these files can be downloaded during non-peak times such as after the school day.
5. Support for or opposition to ballot measures, candidates and any other political activity;
6. Hacking, cracking, vandalizing, the introduction of malware and other malicious entities and changes to hardware, software and monitoring tools, or any action that would degrade or disrupt system performance, individual devices, servers, or the network;
7. Unauthorized access to other district computers, networks and information systems; This includes attempting to log in through another person's account or access another person's files or resources.
8. Cyber-bullying, threats, hate mail, defamation, harassment (any kind of discriminatory jokes and remarks), and use of inappropriate or offensive language;
9. 9. Information posted, sent or stored online that could endanger others (e.g., bomb construction, drug manufacturing);



10. It is illegal to use the Kelso School District network to engage in any illegal act, including but not limited to, arranging for a drug sale or the purchase of alcohol, threatening the safety of persons, etc.;
11. Accessing, uploading, downloading, storage and distribution of obscene pornographic or sexually explicit material on district computers regardless whether accessing the Internet at school or home; Staff will not use the District network or District devices to access material that is profane or obscene, (that has adult oriented sexual content, such as depictions of sexual activity and nudity), that advocates illegal acts, or that advocates violence or discrimination towards other people (hate literature) based on their race, national origin, gender, religion, age, disability, or sexual orientation. A person who knowingly possesses visual or printed matter depicting a minor engaged in sexually explicit conduct is guilty of a Class C felony according to Washington RCW 9.68A.070. Distributing obscene materials on the Internet is also a crime under U.S. laws. If staff members mistakenly access inappropriate information, they should contact the Kelso School District IT Department. This will protect them against a claim that they have intentionally violated the procedures.
12. Attaching unauthorized devices to the district network; Any such device will be confiscated and additional disciplinary action may be taken.
13. It is illegal to steal or vandalize data, equipment, or intellectual property. The district will not be responsible for any damages suffered by any user, including but not limited to, loss of data resulting from delays, non-deliveries, mis-deliveries or service interruptions caused by his/her own negligence or any other errors or omissions. The district will not be responsible for unauthorized financial obligations resulting from the use of, or access to, the district's network or the Internet.

### **Student Safeguards**

1. Student work may be published online unless a non-disclosure form is submitted by parent or guardian. Published student work must not divulge personal information unless the online platform is private and secure.
2. Individual, group (10 or more) and action photos (video or still) and audio clips in which students are not identified by name may be published on district, school, and classroom web and social media pages.
3. Pictures which identify students by name may be published on district, school, and classroom web pages and social media unless a non-disclosure form is submitted by parent or guardian.
4. Web and social media pages may not include a student's phone number, address, names of other family members, or names of friends. Teachers will monitor student postings to ensure this type of information is not disclosed.
5. Published email addresses are restricted to staff members or to a general address for forwarding to a staff member. Web or social media pages may not contain any student email address links or any other type of direct-response links.
6. Web or social media pages may not include any information which indicates the physical location of a student at a given time without written parental consent.

7. If students encounter dangerous or inappropriate information or messages while using the Internet, they should notify the appropriate school authority.

### **Filtering and Monitoring**

Filtering Software is used to block or filter access to visual depictions that are obscene and all child pornography in accordance with the Children's Internet Protection Act (CIPA). Other objectionable material could be filtered. The determination of what constitutes "other objectionable" material is made at the district level. Various levels of filtering may be applied to the user based on that user's individual network profile.

1. Filtering software is not 100 percent effective. While filters make it more difficult for objectionable material to be received or accessed, filters are not a solution in themselves. Every user must take responsibility for his/her use of the network and Internet and avoid objectionable sites;
2. Any attempts to defeat or bypass the district's Internet filter or conceal Internet activity are prohibited (e.g., proxies, https, special ports, "private" browsing sessions, modifications to district browser settings and any other techniques designed to evade filtering or enable the publication of inappropriate content);
3. Email inconsistent with the educational and research mission of the district will be considered SPAM and blocked from entering district email boxes;
4. The district will provide appropriate adult supervision of Internet use. The first line of defense in controlling access by minors to inappropriate material on the Internet is deliberate and consistent monitoring of student access to district devices;
5. Staff members will be diligent in protecting students from viewing objectionable online content that may be inadvertently accessed when using the staff level of Internet filtering to search for educational materials.
6. Staff members who supervise students, control electronic equipment, or have occasion to observe student use of said equipment online, must make a reasonable effort to monitor the use of this equipment to assure that student use conforms to the mission and goals of the district; and staff must make a reasonable effort to become familiar with the Internet and to monitor, instruct and assist effectively.

### **Use of Social Media**

1. Social media is defined as any form of online publication or presence that allows end users to engage in multi-directional conversations in or around the content on the website.
2. Any employee creating a Professional Social Media Site must first submit a "Request to Administer a Professional Media Site" application with the building principal or department supervisor and adhere to the guidelines within that document.
3. All employees must represent themselves professionally when publishing via social media.
4. Confidential information will not be shared/posted.
5. When using social media for personal purposes, employees should be aware that what is posted online may be viewed by unintended audiences such as colleagues, parents and students.

6. Employees shall take advantage of privacy options available to them.
7. If unprofessional/inappropriate social media content is brought to the attention of administrators, disciplinary action may be enforced.

### **Copyright**

Downloading, copying, duplicating and distributing software, music, sound files, movies, images or other copyrighted materials without the specific written permission of the copyright owner is generally prohibited. However, the duplication and distribution of materials for educational purposes is permitted when such duplication and distribution falls within the Fair Use Doctrine of the United States Copyright Law (Title 17, USC) and content is cited appropriately.

### **Ownership of Work**

All work completed by employees as part of their employment will be considered property of the district. The District will own any and all rights to such work including any and all derivative works, unless there is a written agreement to the contrary. All work completed by students as part of the regular instructional program is owned by the student as soon as it is created, unless such work is created while the student is acting as an employee of the school system or unless such work has been paid for under a written agreement with the school system. If under an agreement with the district, the work will be considered the property of the District. Staff members must obtain a student's permission prior to distributing his/her work to parties outside the school.

### **Network Security**

Passwords are the first level of security for a user account. System logins and accounts are to be used only by the authorized owner of the account for authorized district purposes. Staff are responsible for all activity on their account and must not share their account password. Staff members should notify the system administrator if they identify a possible security problem.

The following procedures are designed to safeguard district user accounts:

1. Change passwords according to district policy;
2. Do not create easily guessed passwords (last name, password, admin, etc.);
3. Do not use another user's account;
4. Do not insert passwords into email or other communications (unless it is a temporary pw associated with a pw reset or new account creation);
5. Do not write down any passwords.;
6. Do not store passwords in a file without encryption; . Lock the screen or log off if leaving the computer.

### **Student Data is Confidential**

District staff must maintain the confidentiality of student data in accordance with the Family Educational Rights and Privacy Act (FERPA). In keeping with the Children's Online Privacy Protection Act (COPPA), students under 13 will not be given access to online accounts without parent permission. The Student AUP covers any tools that are listed in the Student Handbook.



Prior to utilizing an online service that requires student accounts, teachers should review their privacy policies, or privacy ratings on sites such as Common Sense Media.

### **No Expectation of Privacy/Search and Seizure**

The district provides the network system, email, G-Suite account, and Internet access as tools for education and research in support of the district's mission. The district reserves the right to monitor, inspect, copy, review and store without prior notice information about the content and usage of:

1. The network;
2. User files and disk space utilization;
3. User applications and bandwidth utilization;
4. User document files, folders and electronic communications including Google Drive files;
5. email;
6. Internet access;
7. Any and all information transmitted or received in connection with network and email use, including personal devices that any user has connected to the KSD network in violation of this AUP.

No user should have any expectation of privacy when using the district's network. Routine maintenance and monitoring of the Kelso School District network may lead to discovery of violations of these procedures or the law. An individual search will be conducted if there is reasonable suspicion that a user has violated these procedures or the law. The investigation will be reasonable and related to the suspected violation.

The district reserves the right to disclose any electronic communications to law enforcement officials or third parties as appropriate. All documents are subject to the public records disclosure laws of the State of Washington.

### **Disciplinary Action**

All users of the district's electronic resources are required to comply with the district's policy and procedures and agree to abide by the provisions set forth in the district's user agreement. Violation of any of the conditions of use explained in the district's user agreement, Electronic Resources policy or in these procedures could be cause for disciplinary action, including suspension or expulsion from school and suspension or revocation of network and device access privileges. In the event there is a claim that a staff member has violated these procedures in their use of Kelso School District technology, that person will be provided with a written notice of the suspected violation and an opportunity to present an explanation before a neutral administrator.



# KELSO SCHOOL DISTRICT

## Acceptable Use Agreement – STAFF

I have read the Kelso School District Acceptable Use Procedures. I agree to follow the rules contained in these procedures. I understand that if I violate the rules, I may face disciplinary action.

I hereby release Washington State K-20 network, Kelso School District, its personnel, and any institutions with which it is affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, the Kelso School District network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will consider my password as confidential information that is not to be shared with anyone else including relatives, students, educators and/or members of the general public.

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Printed Name of Staff Member

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
School Building Name

My role in the Kelso School District is: (please check 1 box)

☐ Certificated Staff Member

☐ Classified Staff Member

☐ Substitute Staff Member

\*\* Email accounts:

For individual accounts, your email address will be: [firstname.lastname@kelsosd.org](mailto:firstname.lastname@kelsosd.org)



## Staff Emergency Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Building: \_\_\_\_\_ Position: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Medical Conditions/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Position Eligibility Worksheet - PERS, SERS, TRS Plan 2 & Plan 3

Check only one:    **PERS** ☐    **SERS** ☐    **TRS Plan 2 & Plan 3** ☐

You must evaluate the **POSITION** and the **PERSON**.

- If the **position** is eligible as determined in section 2, report the employee from the first day of eligibility.
- If the employee is working in more than one position for you, determine if the **person** is retirement eligible in Section 3.

### Section 1: Employee Data

Name		
Social Security Number	Date eligibility evaluated	Date employee entered position
Position Title		Position Number
Is this position new or existing?	New                  Existing	If existing, position formerly held by:

### Section 2: Evaluating if the **POSITION** is retirement eligible

Place a check mark in the box to verify your determination.

<b>1. Does this position ever require at least 70 hours of compensated employment in a month?</b>		
PERS/SERS	No Yes	If no, not eligible If yes, go to next question
TRS	No Yes	If no, not eligible. If yes, go to next question
<b>2. Does this position require at least 5 months of 70 or more hours of compensated employment per month during a 12-month period for PERS/SERS or a school year for TRS?</b>		
PERS/ SERS	No Yes	If no, not eligible If yes, and this is an existing position, the position is eligible; report to DRS. If this is a new position, go to question 3.
TRS	No Yes	If no, not eligible If yes, the position is eligible. Report to DRS.
<b>3. If this is a new position, is the position expected to require at least 5 months of at least 70 hours for two consecutive years?</b>		
PERS/ SERS	No Yes	If no, not eligible If yes, the position is eligible. Report to DRS.
TRS	Not applicable	

- A PERS/SERS eligible position requires at least five months of 70 hours or more for two consecutive years initially. Once a position is determined to be eligible, it will continue to be eligible if it requires at least five months of 70 or more hours of compensated service at least every other year.
- Do not include educational substitute on-call service in the initial eligibility determination of a position.
- If multiple people share the same eligible position, all are retirement eligible.
- If a project position meets these requirements, the position may be eligible. Refer to Chapter 2 of the *Employer Handbook*.

<b>Based on this evaluation, the position is:</b>		<b>Eligible</b> <input type="checkbox"/>	<b>Ineligible</b> <input type="checkbox"/>
If the employee is working in only <i>one position</i> , you have completed the eligibility determination. Next, notify the employee in Section 4.		<b>Please continue on next page →</b>	
If the employee is working in <i>more than one position</i> , the employee may still be retirement eligible. Continue to Section 3.			

### Section 3: Complete this section only if the PERSON is working in more than one position for you

- All the monthly work of an employee for one employer counts as one position.
- However, do not include educational substitute on-call service in the initial eligibility determination.
- If the employee is working in multiple systems (example: PERS and TRS) contact Employer Support Services for assistance.

#### 1. List the job titles and job numbers.

Job Title 1	Position number
Job Title 2	Position number

2. Return to Section 2 to evaluate the eligibility of an employee working in one system using the combined hours of service. For example, for two PERS positions combine the hours worked in both positions. If the employee's combined hours of employment meet the definition of an eligible position in Section 2, the employee is retirement eligible.

### Section 4: Make your eligibility determination and notify the employee

The employer checks the appropriate box below; then has the employee sign the form to acknowledge the position eligibility determination. The employer retains the worksheet to document eligibility determinations.

The position has been determined to be: Eligible ☐ Not Eligible ☐ for membership.

\_\_\_\_\_  
Employee's Signature and Date

\_\_\_\_\_  
Employer Representative Name and Title (Please print)

\_\_\_\_\_  
Employer Representative Signature

### Section 5: Employers should review eligibility periodically

#### Eligibility Has Changed

Date: Reviewer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Date: Reviewer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Date: Reviewer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Date: Reviewer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:

**Employer retains this worksheet to document eligibility decisions.**



## Position Eligibility Worksheet - PERS, SERS, TRS Plan 2 & Plan 3

Check only one:    **PERS** ☐    **SERS** ☐    **TRS Plan 2 & Plan 3** ☐

You must evaluate the **POSITION** and the **PERSON**.

- If the **position** is eligible as determined in section 2, report the employee from the first day of eligibility.
- If the employee is working in more than one position for you, determine if the **person** is retirement eligible in Section 3.

### Section 1: Employee Data

Name		
Social Security Number	Date eligibility evaluated	Date employee entered position
Position Title		Position Number
Is this position new or existing?	New                      Existing	If existing, position formerly held by:

### Section 2: Evaluating if the **POSITION** is retirement eligible

Place a check mark in the box to verify your determination.

#### 1. Does this position ever require at least 70 hours of compensated employment in a month?

PERS/SERS	No Yes	If no, not eligible If yes, go to next question
TRS	No Yes	If no, not eligible. If yes, go to next question

#### 2. Does this position require at least 5 months of 70 or more hours of compensated employment per month during a 12-month period for PERS/SERS or a school year for TRS?

PERS/ SERS	No Yes	If no, not eligible If yes, and this is an existing position, the position is eligible; report to DRS. If this is a new position, go to question 3.
TRS	No Yes	If no, not eligible If yes, the position is eligible. Report to DRS.

#### 3. If this is a new position, is the position expected to require at least 5 months of at least 70 hours for two consecutive years?

PERS/ SERS	No Yes	If no, not eligible If yes, the position is eligible. Report to DRS.
TRS	Not applicable	

- A PERS/SERS eligible position requires at least five months of 70 hours or more for two consecutive years initially. Once a position is determined to be eligible, it will continue to be eligible if it requires at least five months of 70 or more hours of compensated service at least every other year.
- Do not include educational substitute on-call service in the initial eligibility determination of a position.
- If multiple people share the same eligible position, all are retirement eligible.
- If a project position meets these requirements, the position may be eligible. Refer to Chapter 2 of the *Employer Handbook*.

<b>Based on this evaluation, the position is:</b>		<b>Eligible</b> <input type="checkbox"/>	<b>Ineligible</b> <input type="checkbox"/>
If the employee is working in only <i>one position</i> , you have completed the eligibility determination. Next, notify the employee in Section 4.		<b>Please continue on next page →</b>	
If the employee is working in <i>more than one position</i> , the employee may still be retirement eligible. Continue to Section 3.			

### Section 3: Complete this section only if the PERSON is working in more than one position for you

- All the monthly work of an employee for one employer counts as one position.
- However, do not include educational substitute on-call service in the initial eligibility determination.
- If the employee is working in multiple systems (example: PERS and TRS) contact Employer Support Services for assistance.

#### 1. List the job titles and job numbers.

Job Title 1	Position number
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2. Return to Section 2 to evaluate the eligibility of an employee working in one system using the combined hours of service. For example, for two PERS positions combine the hours worked in both positions. If the employee's combined hours of employment meet the definition of an eligible position in Section 2, the employee is retirement eligible.

### Section 4: Make your eligibility determination and notify the employee

The employer checks the appropriate box below; then has the employee sign the form to acknowledge the position eligibility determination. The employer retains the worksheet to document eligibility determinations.

The position has been determined to be: Eligible ☐ Not Eligible ☐ for membership.

\_\_\_\_\_  
Employee's Signature and Date

\_\_\_\_\_  
Employer Representative Name and Title (Please print)

\_\_\_\_\_  
Employer Representative Signature

### Section 5: Employers should review eligibility periodically

#### Eligibility Has Changed

Date: Reviewer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Date: Reviewer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Date: Reviewer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Date: Reviewer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:

**Employer retains this worksheet to document eligibility decisions.**



## Retirement Status Verification

Employers can use this form to document the retirement status of all new employees, as required by RCW 41.50.139.

Contact Information for  
Employer Support Services at DRS  
360.664.7200, option 2  
800.547.6657, option 6, option 2  
[employersupport@drs.wa.gov](mailto:employersupport@drs.wa.gov)

### Employer Instructions

RCW 41.50.139 requires employers to obtain, in writing, the retirement status of all new employees. Employers can document retirement status through their own processes or by using this form from DRS. If using this form, follow these instructions:

- Ask the employee to complete and sign the Employee Response section below.
- Use Member Reporting Verification (MRV) to review the employee's retirement status.
- Record the results in the Employer Verification section below.
- Determine whether the employee retired using the 2008 Early Retirement Factors. ☐ Yes ☐ No  
**If yes, contact DRS Employer Support Services (ESS) immediately.**
- Use Retiree Return to Work (RRTW) Reporting Charts to review reporting instructions as necessary.
- Sign and date this form.
- Retain this form for 60 years.

Employee Information		Employer Verification
Employee Name (Last, First, Middle)	Social Security Number	
Are you a retiree of one of Washington state's retirement systems? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you been a member or retiree of a separate retirement plan covered by the city of Seattle, Spokane or Tacoma? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one(s)? <input type="checkbox"/> Seattle <input type="checkbox"/> Spokane <input type="checkbox"/> Tacoma	If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Are you currently employed by another public employer and contributing to a Washington state retirement system? That is, will you be working at the same time for two public employers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Employee Signature	Date	

### Employer Signature

I have verified the information above using MRV or by contacting a DRS representative. I acknowledge that failure to properly report a retiree to DRS can result in a liability to the employer.	
Employer Signature	Date



**Complete the following  
pages if you have been  
employed by any other  
school districts.**



## WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

<b>To:</b>	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 181-87 and WAC 181-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed below, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

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

\_\_\_\_\_  
Date

**This section to be completed by former school district employer(s) only.**

- ☐ No sexual misconduct materials were found.  
☐ Yes, sexual misconduct materials are available.  
Please contact for more information.  
☐ No record of employment

Was a complaint of sexual misconduct  
filed with OSPI? ☐ Yes ☐ No

\_\_\_\_\_  
Former Employer Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Employing School Receipt Date \_\_\_\_\_

Received By \_\_\_\_\_

**Return all completed information to:**

SCHOOL DISTRICT Kelso School District		
ADDRESS 601 Crawford Street		PHONE 360-501-1924
STATE Kelso, WA	ZIP 98626	FAX 360-501-1950





# KELSO SCHOOL DISTRICT

601 Crawford St. • Kelso, WA 98626 • 360.501.1900 • [kelso.wednet.edu](http://kelso.wednet.edu) • HR/Payroll Dept.

## Verification of Employment - Classified

Date: \_\_\_\_\_ Previous District/Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Last 4 of Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dates of Previous Employment: \_\_\_\_\_

**The above listed person has been hired by the Kelso School District. In order to meet payroll and state audit requirements, we must have official verification of experience on file. Please complete the information listed below and return to Kelso School District – Human Resources by doing one of the following...**

- Mail the completed form to 601 Crawford St. Kelso, WA 98626
- Fax the completed form to 360-501-1950
- Email the completed form to Krista Mason at [krista.mason@kelsosd.org](mailto:krista.mason@kelsosd.org)

***The placement of the above named employee on our salary schedule is pending your response. Please respond as soon as possible.***

**PLEASE LIST EACH POSITION HELD INDIVIDUALLY:** (if you need additional space, please attach a second sheet)

Start Date	End Date	Position Held

Sick leave balance to transfer: \_\_\_\_\_ Hours Sick leave used since January 1 of the current year: \_\_\_\_\_ Hours

Sick leave balance to transfer includes: \_\_\_\_\_ Hours earned this school year

\_\_\_\_\_  
Signature of District Official      Date      Title      Email Address



# KELSO SCHOOL DISTRICT

601 Crawford St. • Kelso, WA 98626 • 360.501.1900 • [kelso.wednet.edu](http://kelso.wednet.edu) • HR/Payroll Dept.

## Verification of Employment – Certificated

Date: \_\_\_\_\_ Previous District: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ District Address: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Last 4 of Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Dates of Previous Employment: \_\_\_\_\_

The above listed person has been hired by the Kelso School District. In order to meet payroll and state audit requirements, we must have official verification of experience on file. Please complete the information listed below and return to Kelso School District – Human Resources by doing one of the following...

- Mail the completed form to 601 Crawford St. Kelso, WA 98626
- Fax the completed form to 360-501-1950
- Email the completed form to Dayton Cox at [dayton.cox@kelsosd.org](mailto:dayton.cox@kelsosd.org)

*The placement of the above named employee on the certificated salary schedule is pending your response. Please respond as soon as possible.*

## PLEASE LIST EACH SCHOOL YEAR OUT INDIVIDUALLY: (if you need additional space, please attach a second sheet)

Start Date	End Date	Position Held	# Days in Full School Year	# Hours in Full School Day	# Actual Hours Worked by Employee	Certificate Required? YES OR NO

Sick leave balance to transfer: \_\_\_\_\_ Hours Sick leave used since January 1 of the current year: \_\_\_\_\_ Hours

Sick leave balance to transfer includes: \_\_\_\_\_ Hours earned this school year

\_\_\_\_\_  
Signature of District Official Date Title Email Address

*The mission of Kelso Public Schools is to prepare every student for living, learning, and achieving success as a citizen of our changing world.*