

Name _____
Address _____
City/Zip _____
Phone _____

Areas of Certification: _____

SUBJECT AREAS YOU WISH TO SUBSTITUTE AND/OR TUTOR
(can be other than certification areas):

<input type="checkbox"/> K-8 Any Area	<input type="checkbox"/> 7-12 Any Area	<input type="checkbox"/> K-12 Any Area
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Elem. Vocal Music	
<input type="checkbox"/> 1-4	<input type="checkbox"/> Elem. Art	
<input type="checkbox"/> 5-6	<input type="checkbox"/> Elem. P.E.	
<input type="checkbox"/> 1-6	<input type="checkbox"/> 7-8 Subject areas _____	
<input type="checkbox"/> Special Ed.	<input type="checkbox"/> 7-12 Subject areas _____	

This application should apply for:

Substituting Tutoring Regular teaching Home Instruction

We need the following checked items in order to complete your file:

- Application for Employment
- Two copies of the substitute contract
- Federal withholding form
- Ohio withholding form
- Retirement form
- Social Security Statement
- Direct Deposit form
- A copy of your Social Security card and Driver's License
- Eligibility Notice (403b)
- I-9 (Employment Eligibility Verification form)
- A copy of your current Ohio teaching certificate
- Criminal Record Checks (Ohio BCI & FBI, most recent copy)
- Written letters of reference (2)
- A copy of your official transcripts (grades)
- Ohio Department of Public Safety form
- Internet Usage Form
- Ohio Ethics Law and Related Statues Signature Page

If you have any questions concerning the above, please call 330-689-5446.

Date _____



APPLICATION for CERTIFICATED EMPLOYMENT

Stow-Munroe Falls
CITY SCHOOLS

4350 Allen Road
Stow, OH 44224
Ph. (330) 689-5445
Fax (330) 688-1629

www.emfschools.org

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME _____ S.S.N. _____

PRESENT ADDRESS _____
Street City State Zip Phone

How else can you be reached? _____
Street City State Zip Phone

Current Valid Ohio Certification or License: Prov. _____ Prof. _____ Expires: _____

Area(s): _____
*(include grades, areas of concentration, fields, endorsements, etc.)

Out of state certificate held: _____ Expires: _____

TRAINING:

NAME OF INSTITUTION	CITY, STATE	DEGREE OR DIPLOMA	SEM. HRS.
HIGH SCHOOL			
COLLEGE OR UNIVERSITIES			

MILITARY BRANCH: _____ DATES SERVED: _____

Do you have an approved Individual Professional Development Plan? (If so, provide a copy) Yes No

Have you ever held a continuing contract in Ohio? (If Yes, when: _____, Where: _____) Yes No

National Teacher's Examination (NTE or PLT), if taken: _____ (Submit a copy of your scores)
(dates)

Are you currently under contract? (If yes, where: _____) Yes No

When are you available to begin working? _____

Have you ever been convicted of any offense involving sexual molestation, physical or sexual abuse? (If yes, attach explanation) Yes No

Are there any reasons why you cannot perform all the duties that are required of the position for which you are applying? (If yes, explain on an attached sheet) Yes No

Would you be interested in tutoring students who may be confined at home? (Home Instruction) Yes No

I AM APPLYING FOR THE FOLLOWING POSITION/S: _____

STUDENT TEACHING:

DATES FROM-TO	SCHOOL BUILDING	SCHOOL DISTRICT	MAILING ADDRESS	SUBJECT OR GRADE	IMMEDIATE SUPERVISOR

REGULAR TEACHING:

DATES FROM-TO	SCHOOL BUILDING	SCHOOL DISTRICT	MAILING ADDRESS	SUBJECT OR GRADE	IMMEDIATE SUPERVISOR

Total number of years of full-time teaching experience:

(One year of experience is equal to not fewer than 120 days in the same school year.)

OTHER RELATED EXPERIENCES:

List all co-curricular activities including specific sports, class plays, debate, cheerleaders, intramurals, etc., that you feel qualified to sponsor (include years of participation).

REFERENCES:

NAME	MAILING ADDRESS	PHONE	POSITION

APPLICANT'S CERTIFICATE AND RELEASE (read carefully before signing):

Have you ever been convicted of or are you now being charged with, any criminal or traffic offense (other than a traffic offense for which the penalty was/is a fine of \$100.00 or less)?
(If yes, please attach an explanation to this application.)

Yes No

At the time of actual employment and consistent with the provisions of O.R.C. 109.57, verification of the response to this question will be obtained from the Ohio Bureau of Criminal Identification and Investigation. The verification process will require that fingerprints are taken. Information obtained about convictions/charges will be evaluated to determine whether the nature of the offense is manifestly inconsistent with the position sought.

My signature attests both to the fact that the information I have provided herein is correct and to my understanding that falsification of this information shall be grounds for not considering this application or for dismissal if employed.

Signature _____ Date _____

APPLICANTS ARE RESPONSIBLE FOR HAVING CREDENTIALS/REFERENCES, CERTIFICATE(S), AND TRANSCRIPTS FORWARDED BEFORE AN INTERVIEW CAN BE SCHEDULED. COPIES OF CERTIFICATES AND TRANSCRIPTS ARE ACCEPTABLE, HOWEVER ORIGINALS WILL BE NEEDED PRIOR TO EMPLOYMENT.

Date _____ Interviewed by _____
 Date _____ Interviewed by _____
 Date _____ Interviewed by _____

STOW-MUNROE FALLS CITY SCHOOL DISTRICT
Stow, Ohio

SUBSTITUTE TEACHER CONTRACT

1. NAME:
2. EFFECTIVE DATE: 2016-2017
3. SCHOOL YEAR: 2016 - 2017
4. COMPENSATION RATE: \$105 per full day/\$14.00/HR
5. DATE OF BOARD OF EDUCATION RESOLUTION:

AN AGREEMENT by and between the person whose name appears hereinabove on Line 1 and who is referred to hereafter as the "Substitute Teacher" of the Stow-Munroe Falls City School District pursuant to resolution adopted by the Board.

WHEREAS, the Substitute Teacher does not have continuing service status in the Stow-Munroe Falls City School district, and the Substitute Teacher has been recommended for employment or reemployment as a substitute teacher pursuant to Section 3319.10, Ohio Revised Code, for a period not to exceed one (1) school year by the Superintendent and the Board of Education has approved such recommendation; and

NOW, THEREFORE, IT IS MUTUALLY AGREED that on or after the effective date of employment under this contract as set forth on Line 2, the Substitute Teacher shall be employed in the public schools of the Stow-Munroe Falls City School District for the school year set forth on Line 3, or such part as may succeed the date of employment under this contract to teach as and when assigned as a substitute teacher subject to termination when such services no longer are needed and subject to the provision that there is no guaranty of a minimum or specific number of assignments.

IN CONSIDERATION of compensation at the rate provided herein, the Substitute Teacher agrees to abide by rules and regulations adopted by the Board of Education to teach as a substitute teacher as and when assigned as a substitute teacher during the term of this contract, and that the duties to be performed by the Substitute Teacher under this contract shall be those as have in the past been performed by substitute teachers in the Stow-Munroe Falls City School District and in particular shall be those duties as are directed and assigned by the Superintendent of School pursuant to Section 3319.01, Ohio Revised Code, including those duties and obligations set forth in the Teacher's Handbook and in the Handbook for Substitute Teachers, as in force on the effective date of employment under this contract, and as amended from time to time.

IN CONSIDERATION of such service and the performance of such duties, the Board of Education agrees to pay the Substitute Teacher during the school year hereinabove set forth on Line 3 or such part thereof as may succeed the effective date of employment under this contract, at the rate per day hereinabove set forth on Line 4, payable as provided by resolution of the Board of Education duly adopted, for days on which the Substitute Teacher is assigned and serves as a substitute teacher.

IN WITNESS THEREOF, the Board of Education by its Treasurer, has set his hand on the date hereinabove set forth on Line 5, and the Substitute Teacher has set his/her hand on the date set below:

BOARD OF EDUCATION OF THE
STOW-MUNROE FALLS CITY SCHOOL DISTRICT

Stow-Munroe Falls City School, David Osborne

Substitute Teacher's Signature

Date of Substitute Teacher's Signature

STOW-MUNROE FALLS CITY SCHOOL DISTRICT
Stow, Ohio

SUBSTITUTE TEACHER CONTRACT

1. NAME:
2. EFFECTIVE DATE: 2016-2017
3. SCHOOL YEAR: 2016 - 2017
4. COMPENSATION RATE: \$105 per full day/\$14.00/HR
5. DATE OF BOARD OF EDUCATION RESOLUTION:

AN AGREEMENT by and between the person whose name appears hereinabove on Line 1 and who is referred to hereafter as the "Substitute Teacher" of the Stow-Munroe Falls City School District pursuant to resolution adopted by the Board.

WHEREAS, the Substitute Teacher does not have continuing service status in the Stow-Munroe Falls City School district, and the Substitute Teacher has been recommended for employment or reemployment as a substitute teacher pursuant to Section 3319.10, Ohio Revised Code, for a period not to exceed one (1) school year by the Superintendent and the Board of Education has approved such recommendation; and

NOW, THEREFORE, IT IS MUTUALLY AGREED that on or after the effective date of employment under this contract as set forth on Line 2, the Substitute Teacher shall be employed in the public schools of the Stow-Munroe Falls City School District for the school year set forth on Line 3, or such part as may succeed the date of employment under this contract to teach as and when assigned as a substitute teacher subject to termination when such services no longer are needed and subject to the provision that there is no guaranty of a minimum or specific number of assignments.

IN CONSIDERATION of compensation at the rate provided herein, the Substitute Teacher agrees to abide by rules and regulations adopted by the Board of Education to teach as a substitute teacher as and when assigned as a substitute teacher during the term of this contract, and that the duties to be performed by the Substitute Teacher under this contract shall be those as have in the past been performed by substitute teachers in the Stow-Munroe Falls City School District and in particular shall be those duties as are directed and assigned by the Superintendent of School pursuant to Section 3319.01, Ohio Revised Code, including those duties and obligations set forth in the Teacher's Handbook and in the Handbook for Substitute Teachers, as in force on the effective date of employment under this contract, and as amended from time to time.

IN CONSIDERATION of such service and the performance of such duties, the Board of Education agrees to pay the Substitute Teacher during the school year hereinabove set forth on Line 3 or such part thereof as may succeed the effective date of employment under this contract, at the rate per day hereinabove set forth on Line 4, payable as provided by resolution of the Board of Education duly adopted, for days on which the Substitute Teacher is assigned and serves as a substitute teacher.

IN WITNESS THEREOF, the Board of Education by its Treasurer, has set his hand on the date hereinabove set forth on Line 5, and the Substitute Teacher has set his/her hand on the date set below:

BOARD OF EDUCATION OF THE
STOW-MUNROE FALLS CITY SCHOOL DISTRICT

Stow-Munroe Falls City School, David Osborne

Substitute Teacher's Signature

Date of Substitute Teacher's Signature

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

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

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2016</h1>
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Notice to Employee

- 1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

- 2. You may file a new certificate at any time if the number of your exemptions **increases**.


You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

- 3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
- 4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



Department of
Taxation

Employee's Withholding Exemption Certificate

Print full name _____ Social Security number _____

Home address and ZIP code _____

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed _____
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____
- 3. Exemptions for dependents _____
- 4. Add the exemptions that you have claimed above and enter total _____
- 5. Additional withholding per pay period under agreement with employer _____ \$ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date _____

STATE TEACHERS RETIREMENT SYSTEM OF OHIO

Notice of Reemployment as a Teacher of a Retiree of an Ohio Public Retirement System

This form must be completed **ONLY** by a retiree of an Ohio public retirement system who will be reemployed as a teacher. The form must be submitted to STRS Ohio no later than 30 days after reemployment begins. Failure to file this notice when due may result in the employer's liability for any overpayment of benefits. (See other side for further instructions.)

Name _____ Social Security no. _____

Address _____

City _____ State _____ Street _____

ZIP Code _____

Effective date of retirement _____

Month _____ Date _____ Year _____

Ohio retirement system paying the benefit: (check the box that applies)

State Teachers Retirement System of Ohio School Employees Retirement System of Ohio

Public Employees Retirement System of Ohio City of Cincinnati Retirement System

Ohio State Highway Patrol Retirement System Ohio Police and Fire Pension Fund

Birth date _____

Female Male

Type of benefit:

Age and Service Retirement

Disability

If you retired in another Ohio system, was any STRS Ohio service credit used in the calculation of your regular retirement benefit?

Yes No

Instructions

Give the complete names of all beneficiaries. Your estate may be designated as your beneficiary by listing "my estate" in the appropriate box. If the primary and secondary beneficiaries die before you, payment will be made in accordance with the statutory succession of beneficiaries as defined in Section 3307.562, Revised Code. Your designation must be completed entirely in ink or typewritten.

Designation

I designate the beneficiaries named below to receive a refund of my contributions made during my employment as a reemployed retiree under Sections 3307.35 and 3307.351, Revised Code. I reserve the right to change my beneficiaries for this refund at any time by filing a revised designation with the Retirement Board. This designation is applicable to my STRS Ohio annuity account as a reemployed retiree. It does not change my designated beneficiary under my service retirement plan of payment.

Beneficiaries	Relationship	Address
Primary — If more than one primary is named, both beneficiaries will receive equal shares of any death benefit payable from this account		
1		
2		
Secondary — If more than one secondary is named, both beneficiaries will receive equal shares of any death benefit payable from this account only if all primary beneficiaries are no longer living		
1		
2		

I certify that the information recorded above is complete and accurate. I understand that I may not be employed as a public employee in Ohio until two months after the effective date of retirement and that retirement benefits will be forfeited for any month that I am employed as a public employee before that time. (See other side for additional restrictions and exceptions.)

Employee signature _____ Date _____

Must be in ink; do not print.

TO BE COMPLETED BY THE EMPLOYER

First date of service after retirement _____

I certify that the information on this form is complete and agrees with information in our official records.

Employer Number _____

Employee Name _____

Date _____

Signature _____

Month, Day, Year _____

Title of Certifying Official _____

STATE TEACHERS RETIREMENT SYSTEM OF OHIO

275 East Broad Street
Columbus, OH 43215-3771

1-888-227-7877
www.strsoh.org

INSTRUCTIONS

Employers must notify STRS Ohio when an age and service retiree or disability recipient of any Ohio public retirement system is employed as a teacher. Ohio public retirement systems are the City of Cincinnati Retirement System, Ohio Police and Fire Pension Fund, Ohio State Highway Patrol Retirement System, Public Employees Retirement System of Ohio, School Employees Retirement System of Ohio and State Teachers Retirement System of Ohio. **Notice must be made no later than 30 days after employment begins. Failure to provide timely notice may result in employer liability for overpayment of benefits.**

Member and employer contributions to STRS Ohio are required on all compensation for employment as a teacher if the employee retired from STRS Ohio or another Ohio public retirement system, including employment with a private agency providing teachers to public schools. Contributions for employment after retirement from an Ohio public retirement system will be used to provide an annuity (money-purchase) benefit starting the month following the later of: (1) the last day of reemployment, or (2) attainment of age 65.

Employers should include contributions for reemployed retirees with payroll reports and account for the amounts separately on the STRS Ohio Annual Report of Member Contributions.

RETIRED TEACHERS

For purposes of reemployment, a person is a retired teacher if any STRS Ohio credit was used in the calculation of retirement benefits, even if another Ohio retirement system is paying the benefits.

A Service Retirement Application must be on file with STRS Ohio prior to the first day of reemployment. Failure to submit a *Service Retirement Application* prior to reemployment may result in the cancellation of the retirement.

- STRS Ohio disability recipients are not eligible for any employment as a teacher or duties previously performed.
- Retired teachers may not be reemployed, including volunteer service, in any Ohio public position within the first two months of retirement.
- After two months, retired teachers may be reemployed as teachers on an unlimited basis.
- Retired teachers may be employed in public positions not covered by STRS Ohio without limit after the two-month period following the retirement date.
- Retired teachers who were employed at the time of retirement by more than one employer covered by STRS Ohio, PERS or SERS, may retire from the highest paying position with a single employer and continue to work with no waiting period in one or all of the lower paying positions with other employers. However, retired teachers must wait two months before returning to any other public employment.
- Retired teachers may begin federal, out-of-state or private employment immediately after retirement. No waiting period is required. However, working in an STRS Ohio-covered position through a private agency does not exempt retirees from reemployment restrictions.

RETIREES OF OTHER OHIO PUBLIC RETIREMENT SYSTEMS

If any STRS Ohio credit is used in the calculation of retirement benefits, the employee is subject to the limitation described above for retired teachers.

- Retirees of other Ohio public retirement systems may not be employed as teachers for two months following the effective date of retirement. Retirement benefits will be forfeited for any month the retiree is employed before the two-month period expires.
- After the two-month waiting period, there are no restrictions on employment of other Ohio public retirement system retirees as teachers.

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name

Employee ID#

Employer Name

Employer ID#

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ($\$500 - \$400 = \$100$). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee

Date

Stow-Munroe Falls Schools now uses e-mail notification for payroll.
PLEASE COMPLETE THIS FORM AND RETURN TO CENTRAL OFFICE.

For Office Use Only
Prenote Pay Date _____
Live Pay Date _____

STOW-MUNROE FALLS CITY SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I (we) hereby authorize Stow-Munroe Falls City School District to initiate credit entries (and if necessary, to initiate debit entries to correct any credit entries made in error) to my (our) _____ checking account or to my (our) _____ savings account (✓one) indicated below and the named DEPOSITORY, to credit and/or debit such account.

Employee Information

Employee's Name (please print)	
Signature	SS # _____ Joint Account Signature (Both must sign if joint account)
E-Mail address: _____	

Depository Information

Financial Institution Name	Branch
Financial Institution Number (9 digit federal bank #).	Account Number

Attach Copy Here – for checking accounts attach either a voided check or checking account deposit slip
for savings accounts attach a savings account deposit slip

Joe Doe 123 Main St. Any Town, Ohio	2435 _____20_____	
Pay to the order of _____	\$ _____ _____ Dollars	
041201558	1234561234	2435
(9 digit federal bank #)	(your account #)	(check #)

Note: It is a two payday time period to enroll in direct deposit. The first pay (prenote) is a test on your account numbers to verify accuracy. If no errors occur, your funds will be in your account on the second pay (live).



Eligibility Notice

As an employee of Stow-Munroe Falls City Schools you have the opportunity to save for retirement by participating in the 403(b) plan. You can participate in the 403(b) plan by electing to make pre-tax contributions.

To start your contributions, complete and return a salary reduction agreement to the Treasurer's Office. Please note that in addition to completing and returning a salary reduction agreement, you must establish an account with the appropriate investment provider(s) that you have selected on the salary reduction agreement and you may also need to provide any additional information that Stow-Munroe Falls City Schools requires.

In general, you may elect to contribute up to \$16,500 in 2010. This amount is the general limit on what you can elect to defer under the 403(b) plan and such amount may be adjusted annually. Additional catch-up contributions may be permitted if certain criteria are met. Specifically, if you have at least 15 years of service with Stow-Munroe Falls City Schools and/or you are at least 50 years old by year's end, you may also be able to make additional catch-up contributions. Each catch-up has its own limits.

Signature

Date

This Notice is required to be given to all employees and is not intended as tax or legal advice. Neither your employer nor the investment providers offering retirement savings products under the plan can provide you with tax or legal advice. Employees are encouraged to contact their financial representative or tax professional with any questions.

2010 annual notice of eligibility

Form I-9, Employment Eligibility Verification

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

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

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

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


- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name Chris DiMauro	Title Human Resources Director
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Stow-Munroe Falls City Schools, 4350 Allen Rd, Stow, OH 44224		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

X
APPLICANT SIGNATURE

DATE

STAFF NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY AGREEMENT

To access e-mail and/or the Internet at school, staff members must sign and return this form.

Use of the Internet is a privilege, not a right. The Board's Internet connection is provided for business, *professional* and educational purposes only. Unauthorized or inappropriate use will result in a cancellation of this privilege.

The Board has implemented the use of a Technology Protection Measures, which is a specific technology that will protect against (e.g., block/filter) Internet access to visual displays that are obscene, child pornography or harmful to minors. The Board also monitors online activity of staff members in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. The Superintendent or Technology Supervisor may disable the Technology Protection Measure to enable access for bona fide research or other lawful purposes.

Staff members accessing the Internet through the Board's computers/network assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The board reserves the right to monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

Please complete the following information:

Staff Member's Full Name (please print): _____

School: Stow-Munroe Falls City School

I have read and agree to abide by the Staff Network and Internet Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy is inappropriate and may constitute a criminal offense. As a user of the Board's computers/network and the Internet, I agree to communicate over the Internet and the Network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Staff Member's Signature: _____ Date: _____

The Superintendent is responsible for determining what is unauthorized or inappropriate use. The Superintendent may deny, revoke or suspend access to the Network/Internet to individuals who violate the Board's Staff Network and Internet Acceptable Use and Safety Policy and related Guidelines and take such other disciplinary action as is appropriate pursuant to the applicable collective bargaining agreement and/or Board Policy

I acknowledge that a copy of the Ohio Ethics Law and Related Statutes is located on the Stow-Munroe Falls website for my viewing.

Signature

Date