

Name \_\_\_\_\_

Areas of Certification: \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**SUBJECT AREAS YOU WISH TO SUBSTITUTE AND/OR TUTOR**

(can be other than certification areas):

\_\_\_\_\_ K-8 Any Area

\_\_\_\_\_ 7-12 Any Area

\_\_\_\_\_ K-12 Any Area

\_\_\_\_\_ Kindergarten

\_\_\_\_\_ Elem. Vocal Music

\_\_\_\_\_ 1-4

\_\_\_\_\_ Elem. Art

\_\_\_\_\_ 5-6

\_\_\_\_\_ Elem. P.E.

\_\_\_\_\_ 1-6

\_\_\_\_\_ 7-8 Subject areas \_\_\_\_\_

\_\_\_\_\_ Special Ed.

\_\_\_\_\_ 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 Statutes 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) 686-1629

www.smfschools.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)? Yes  No   
 (If yes, please attach an explanation to this application.)

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 (2017)

**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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't 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 2017. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (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 <b>less</b> "1" if you have two to four eligible children or <b>less</b> "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. . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> 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 <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
▶ <b>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.</b>				<b>2017</b>
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> 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"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b> _____		
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ _____		
<b>7</b> I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____		
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	

### Deductions and Adjustments Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note:</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



## NEW HIRE NOTIFICATION

For use by all employers except colleges and universities.

*Do not complete this form if the employee is a retiree of an Ohio public retirement system.  
You must submit a reemployed retiree notification.*

You must notify STRS Ohio of all new hires within **10 business days of their first date on payroll**. Please log in to the secure Employer Account Information area of [www.strsoh.org/employer](http://www.strsoh.org/employer) to submit the information online (preferred), or fax this completed form to STRS Ohio at (614) 227-7893.

**Note:** You must also send STRS Ohio a properly completed Form SSA-1945 signed by the employee. Please print a copy of this form from the Online Forms section of our Web site and fax it to (614) 227-7893.

### SECTION 1 — Employee Information

Name \_\_\_\_\_  Male  Female

Social Security no. \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City, state, ZIP code \_\_\_\_\_

First date on payroll \_\_\_\_\_

### SECTION 2 — Employer Information

Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Employer number \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_





**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](http://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.



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

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

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

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

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

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

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

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

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<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 a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <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 alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</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>	OR	<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 style="text-align: center;"><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>	AND	<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 Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**



### 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.

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Signature

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Date