

Dear Prospective Substitute Teacher:

Please complete all of the attached forms and return them to me at your earliest convenience. Once your file is complete, our substitute caller, Cindy Beard, will contact you when an opening is available.

In addition to the attached forms, we will need:

- **a copy of your Teaching Certificate registered with the DuPage County Regional Office of Education**
and
- **a copy of your Birth Certificate or Passport**
OR
a copy of your Driver's License *and* Social Security Card.

If you have any question, please feel free to contact me. Thank you for your interest in Roselle School District No. 12.

Sincerely,

**JoAnn Dumelle
Secretary to the Superintendent
Roselle School District No. 12**

Enclosure – Sub Packet

ROSELLE DISTRICT NO. 12 DUPAGE COUNTY
100 E. WALNUT STREET / ROSELLE, IL 60172
PHONE: (630) 529-2091 / FAX: (630) 529-2467

AN EQUAL OPPORTUNITY EMPLOYER

SUBSTITUTE TEACHER APPLICATION
(PLEASE TYPE OR PRINT)

It is the policy of the District to decide all matters relating to employment solely on the basis of personal qualities and abilities. There is no discrimination on the basis of race, religion, creed, color, sex, including pregnancy, childbirth, or related medical conditions, age, national origin, ancestry, marital status, unfavorable discharge from military service, citizenship status, military status, or physical or mental disability unrelated to ability.

Name: _____
Last First Middle

Present or Temporary Address: _____
Street City State Zip

Phone: _____

Permanent Address: _____
Street City State Zip

Phone: _____

Teaching Preferences (Please include grade levels you do NOT wish to be considered subbing in)

DUPAGE COUNTY CERTIFICATION: Yes _____ No _____ Pending _____

ILLINOIS CERTIFICATION

Yes _____ No _____ Pending _____

If yes, Type(s): _____

Certificate No.(s) _____

OUT OF STATE CERTIFICATION

Yes _____ No _____ Pending _____

If yes, State: _____

Type(s): _____

If pending, give date of application: _____

Certificate No.(s) _____

EDUCATION

Include name and location of high school, undergraduate work, and graduate course work completed and/or presently enrolled.

NAME OF SCHOOL OR INSTITUTION	COURSE	DIPLOMA OR DEGREE	SEMESTER HOURS CREDIT
High School			
College Or University			
Graduate School			

Please list below your **college major(s)** and **minor(s)** as indicated, and include your grade point average in those areas, based on a 4.00 grading system. Also include total semester hours in each area. A complete application, full credentials, and an official transcript **MUST** be included in your papers before final action will be taken.

COLLEGE MAJOR	GRADE AVE.	SEMESTER HOURS	COLLEGE MINOR	GRADE AVE.	SEMESTER HOURS

COLLEGE OR UNIVERSITY (Undergraduate)

Please relate any college or university experiences that relate to your knowledge, attitude, skills, or ability as a professional educator in this School District. Please include special interests, talents, activities, professional memberships, honors, offices held, or hobbies:

TEACHING EXPERIENCE – If Applicable

List all jobs you have held regarding your paid teaching experience(s). List present or most recent position first.

NAME & PHONE NO. OF SCHOOL	ADDRESS OF SCHOOL	DATES (From-To)	TOTAL YEARS OF EXP.	PRINCIPAL	GRADES & SUBJECTS TAUGHT

EXPERIENCE OTHER THAN TEACHING

List here in chronological order, present or most recent position first, all practical experience other than teaching. List trade or business experience, travel, social work, work in camps, experience with youth, temporary or part-time jobs, and active military service. (Include branch of service)

TITLE/POSITION	EXPLAIN DUTIES	INCLUSIVE DATES (FROM MO.-YR. TO MO.-YR.)	NAME AND ADDRESS OF EMPLOYEE	NAME AND PHONE # OF SUPERVISOR

REFERENCES

Give at least two (2) names of others who have observed and know your work. **THESE SHOULD BE PEOPLE NOT LISTED ON OTHER CREDENTIALS.**

NAME	ADDRESS	PHONE NO.	IN WHAT CAPACITY DO YOU KNOW THE PERSON
	Home: Business:	Home: Business:	
	Home: Business	Home: Business:	
	Home: Business:	Home: Business:	

Use this area for a personal statement. You may wish to help us evaluate your qualifications by giving additional information about your educational outlook, hobbies, outside interests, honors received, personal or professional achievements, and publications. Use an additional sheet if necessary.

PERSONAL QUALITIES

Have you ever been convicted of a felony? (Do not report any convictions for which the record has been expunged, sealed, or impounded.)

Yes _____ No _____ If yes, please explain: _____

Have you ever failed to be rehired?

Yes _____ No _____ If yes, please explain: _____

Have you been asked to resign from a teaching position?

Yes _____ No _____ If yes, please explain: _____

PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____

Address: _____

Home Phone: _____

Name: _____

Address: _____

Home Phone: _____

PLEASE READ AND SIGN

I hereby certify that the facts set forth above and on the preceding pages of this application for employment are true, accurate, and complete. I understand that any misrepresentations or omissions of facts made by me on this application or my failure to hold the proper Illinois certificate(s) shall be considered sufficient cause for my disqualification for or dismissal from employment. Further, I understand that, pursuant to 105 ILCS 5/22-6.5, my failure to provide requested employment or employer history which is material to my qualifications for employment or the provision of statements which I do not believe to be true may be a Class A misdemeanor. I understand that this application and records become the property of the District. In addition, I understand that an offer of employment is contingent upon my submitting the required immigration (I-9) and the health and medical examination forms required by the District pursuant to *The School Code*, 105 ILCS 5/24-5.

I hereby authorize Roselle School District No. 12 to forward my name to the Illinois department of State Police for the purpose of conducting a criminal background check as required by *The Illinois School Code*, Section 10-21.9, and agree to execute any forms required by said department for such purpose. I understand that Roselle School District No. 12 may further conduct a check for any indicated reports of child abuse under the *Abused and Neglected Child Reporting Act*, 325 ILCS 5/1 *et seq.* Furthermore, I hereby indemnify, save, and hold harmless Roselle School District No. 12 and its officers, agents, and employees from any claim of liability or damage which may arise from the proceedings of the Illinois State Police or Department of Children and Family Services in conjunction with the above background checks. I understand that an offer of employment, or continued employment if hired, is contingent upon my passing the Illinois State Police (and Child Abuse Registry) background check(s).

I hereby authorize Roselle School District No. 12 to conduct work history and reference checks to determine my acceptability for employment. Pursuant to the *Illinois Personnel Record Review Act*, 820 ILCS 40/01 *et seq.*, I hereby waive written notice from my current employer and/or any previous employers and authorize them to release information regarding any disciplinary actions taken against me within the past four years. Further, I hereby release the officers, agents, employees, and directors of each of my past employers and Roselle School District No. 12, its officers, agents, and employees, from any and all liability arising from disclosure of personnel records and from verbal appraisals of my past performance. I understand and agree that this waiver includes any and all manners of actions that I may now have or may have in the future concerning such disclosures, regardless of their nature.

Date: _____

Signature of Applicant: _____

THIS SPACE FOR OFFICE USE ONLY		
Date received	_____	Application reviewed by:
Date of Interview	_____	_____
T.B. Certificate	_____	_____
Salary Information:	Hourly _____	
	Salary _____	

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of 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 #
<p>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.</p>		<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____	
		Employee's Signature _____ Date (month/day/year) _____	

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 eligible 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 _____	Title _____
Business or Organization Name _____	Address (Street Name and Number, City, State, Zip Code) _____	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) _____	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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) _____
--	-----------------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (Form N-560 or N-561) 3. Certificate of Naturalization (Form N-550 or N-570) 4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551) 6. Unexpired Temporary Resident Card (Form I-688) 7. Unexpired Employment Authorization Card (Form I-688A) 8. Unexpired Reentry Permit (Form I-327) 9. Unexpired Refugee Travel Document (Form I-571) 10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B) 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. ID Card for use of Resident Citizen in the United States (Form I-179) 7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)

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

ROSELLE SCHOOL DISTRICT 12
CERTIFICATE OF PHYSICAL FITNESS
AND
IMMUNITY FROM COMMUNICABLE DISEASES

REQUIREMENT FOR EMPLOYEMENT

105 Illinois Code of Schools, 5/24-5 states "School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis. Such evidence shall consist of a physical examination and a tuberculin skin test and, if appropriate, an x-ray made by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches not more than 90 days preceding time of presentation to the board and cost of such examination shall rest with the employee."



PHYSICIAN'S STATEMENT OF GOOD HEALTH

I CERTIFY THAT I HAVE EXAMINED _____.

I FIND THIS PERSON ABLE TO PERFORM THE DUTIES ASSIGNED AND FREE FROM COMMUNICABLE DISEASE.

TUBERCULIN TEST RESULTS

Negative _____

Positive _____

Date Given _____

Date Read _____

PHYSICIAN NAME _____

FACILITY NAME _____

ADDRESS/PHONE # _____

PHYSICIAN SIGNATURE _____

DATE _____

Pat Quinn
Governor



Erwin McEwen
Director

Illinois Department of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

CANTS 22
Rev. 1/2009

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701



ACCREDITED • COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES

GENERAL EMPLOYMENT
DRUG AND ALCOHOL FREE WORKPLACE

All District workplaces are drug- and alcohol-free workplaces. All employees shall be prohibited from:

1. unlawful manufacture, dispensing, distribution, possession, use, or being under the influence of a controlled substance while on District premises or while performing work for the District.
2. distribution, consumption, use, possession, or being under the influence of alcohol while on District premises or while performing work for the District.

For purposes of this policy a controlled substance is one that is:

1. not legally obtainable;
2. being used in a manner different than prescribed;
3. legally obtainable, but has not been legally obtained; or
4. referenced in federal or State controlled substance acts.

As a condition of employment, each employee shall:

1. abide by the terms of the District policy respecting a drug- and alcohol-free workplace; and
2. notify his or her supervisor of his or her conviction under any criminal drug statute for a violation occurring on the District premises or while performing work for the District, no later than 5 calendar days after such a conviction.

In order to make employees aware of dangers of drug and alcohol abuse, the District will:

1. provide each employee with a copy of the District Drug- and Alcohol-Free Workplace policy;
2. post notice of the District Drug- and Alcohol-Free Workplace policy in a place where other information for employees is posted;
3. make available materials from local, state, and national anti-drug and alcohol-abuse organizations;
4. enlist the aid of community and state agencies with drug and alcohol informational and rehabilitation programs to provide information to District employees;

**GENERAL EMPLOYMENT
DRUG AND ALCOHOL FREE WORKPLACE**

5. establish a drug-free awareness program to inform employees about:
 - a. the dangers of drug abuse in the workplace,
 - b. available drug and alcohol counseling, rehabilitation, re-entry, and any employee assistance programs, and
 - c. the penalties that the District may impose upon employees for violations of this policy.

District Action Upon Violation of Policy

An employee who violates this policy may be subject to disciplinary action, including termination. Alternatively, the Board may require an employee to successfully complete an appropriate drug- or alcohol-abuse, employee-assistance rehabilitation program.

The School Board shall take disciplinary action with respect to an employee convicted of a drug offense in the workplace within 30 days after receiving notice of the conviction.

Should District employees be engaged in the performance of work under a federal contract or grant, or under a State contract or grant of \$5,000 or more, the Superintendent shall notify the appropriate State or federal agency from which the District receives contract or grant monies of the employee's conviction within 10 days after receiving notice of the conviction.

LEGAL REF.: Americans With Disabilities Act, 42 U.S.C. § 12114.
Controlled Substances Act, 21 U.S.C. § 812; 21 C.F.R. 1308.11 - 1308.15.
Drug-Free Workplace Act of 1988, 41 U.S.C. § 701 et seq.
Safe and Drug-Free School and Communities Act of 1994, 20 U.S.C. § 7101 et seq.
Drug-Free Workplace Act, 30 ILCS 580/1 et seq.

Revised: February 10, 2004

**GENERAL EMPLOYMENT
DRUG-FREE WORKPLACE**

I, _____, hereby acknowledge receipt of
the District's Drug-Free Workplace Policy and Rules and promise to abide by
them.

(Print Employee's Name)

Employee's Signature

Date

Revised: February 10, 2004

Administrative Procedure IFE

ROSELLE SCHOOL DISTRICT NO. 12

ACCEPTABLE USE OF ELECTRONIC NETWORKS

Each staff member must sign this Authorization as a condition for using the District's electronic network connection. Each student and his or her parent(s) or guardian(s) must sign the Authorization before being granted access to the District's electronic network connection. School Board members, administrators, and other authorized users are treated like staff members for the purpose of this Authorization. Please read this document carefully before signing.

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communications. This *Authorization* does not attempt to state all required or prohibited behavior by users. However, some specific examples are provided. **The failure of any user to follow the terms of the *Authorization for Internet Access* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signature(s) at the end of this document is legally binding and indicates the party who signed has read the terms and conditions carefully and understands their significance.

Terms and Conditions

1. Acceptable Use - Access to the District's electronic networks must be (a) for the purpose of education or research, and be consistent with the educational objectives of the District, or (b) for a legitimate business use.
2. Privileges - The use of the District's electronic networks is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator will make all decisions regarding whether or not a user has violated this *Authorization* and may deny, revoke, or suspend access at any time; his or her decision is final.
3. Unacceptable Use - You are responsible for your actions and activities involving the network. Some examples of unacceptable use are:
 - a) Using the network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any U.S. or State law;
 - b) Unauthorized downloading of software, regardless of whether it is copyrighted or de-virused;
 - c) Downloading copyrighted material for other than personal use;
 - d) Using the network for private financial or commercial gain;
 - e) Wastefully using resources, such as file space;
 - f) Hacking or gaining unauthorized access to files, resources, or entities;
 - g) Invading the privacy of individuals, which includes the unauthorized disclosure, dissemination, and use of information about anyone that is of a personal nature;
 - h) Using another user's account or password;
 - i) Posting material authored or created by another without his/her consent;
 - j) Posting anonymous messages;
 - k) Using the network for commercial or private advertising;

- l) Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material; and
 - m) Using the network while accessing privileges are suspended or revoked.
4. **Network Etiquette** - You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:
- a) Be polite. Do not become abusive in your messages to others.
 - b) Use appropriate language. Do not swear, or use vulgarities or any other inappropriate language.
 - c) Do not reveal the personal information, including the addresses or telephone numbers, of students or colleagues.
 - d) Recognize that electronic mail (E-Mail) is not private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
 - e) Do not use the network in any way that would disrupt its use by other users.
 - f) Consider all communications and information accessible via the network to be private property.
5. **No Warranties** - The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages the user suffers. This includes loss of data resulting from delays, non-deliveries, missed deliveries, or service interruptions caused by its negligence or the user's errors or omissions. Use of any information obtained via the Internet is at the user's own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.
6. **Indemnification** - The user agrees to indemnify the District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of, any breach of this *Authorization*.
7. **Security** - Network security is a high priority. If you can identify a security problem on the network, you must notify the system administrator or Building Principal. Do not demonstrate the problem to other users. Keep your account and password confidential. Do not use another individual's account without written permission from that individual. Attempts to log-on to the network as a system administrator will result in cancellation of user privileges. Any user identified as a security risk may be denied access to the network.
8. **Vandalism** - Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as the malicious attempt to harm or destroy data of another user, the District's network, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.
9. **Telephone Charges** - The District assumes no responsibility for any unauthorized charges or fees, including telephone charges, long distance charges, per-minute surcharges, and/or equipment or line costs.
10. **Copyright Web Publishing Rules** – Copyright law and District policy prohibit the re-publishing of text or graphics found on the Web or on District Web sites or file servers, without explicit written permission.
- a) For each re-publication (on a Web site or file server) of a graphic or a text file that was produced externally, there must be a notice at the bottom of the page crediting the original producer and noting how and when

permission was granted. If possible, the notice should also include the Web address of the original source.

- b) Students and staff engaged in producing Web pages must provide library media specialists with e-mail or hard copy permissions before the Web pages are published. Printed evidence of the status of "public domain" documents must be provided.
- c) The absence of a copyright notice may not be interpreted as permission to copy the materials. Only the copyright owner may provide the permission. The manager of the Web site displaying the material may not be considered a source of permission.
- d) The "fair use" rules governing student reports in classrooms are less stringent and permit limited use of graphics and text.
- e) Student work may only be published if there is written permission from both parent/guardian and student.

11. Use of Electronic Mail

- a) The District's electronic mail system, and its constituent software, hardware, and data files, are owned and controlled by the District. The District provides e-mail to aid staff members in fulfilling their duties and responsibilities, and as an education tool.
- b) The District reserves the right to access and disclose the contents of any account on its system, without prior notice or permission from the account's user. Unauthorized access by any student or staff member to an electronic mail account is strictly prohibited.
- c) Each person should use the same degree of care in drafting an electronic mail message as would be put into a written memorandum or document. Nothing should be transmitted in an e-mail message that would be inappropriate in a letter or memorandum.
- d) Electronic messages transmitted via the District's Internet gateway carry with them an identification of the user's Internet "domain." This domain name is a registered domain name and identifies the author as being with the District. Great care should be taken, therefore, in the composition of such messages and how such messages might reflect on the name and reputation of the District. Users will be held personally responsible for the content of any and all electronic mail messages transmitted to external recipients.
- e) Any message received from an unknown sender via the Internet should either be immediately deleted or forwarded to the system administrator. Downloading any file attached to any Internet-based message is prohibited unless the user is certain of that message's authenticity and the nature of the file transmitted.
- f) Use of the District's electronic mail system constitutes consent to these regulations.

Internet Safety

1. Internet access is limited to only those "acceptable uses" as detailed in these procedures. Internet safety is almost assured if users will not engage in "unacceptable uses," as detailed in this *Authorization*, and otherwise follow this *Authorization*.
2. Staff members shall supervise students while students are using District Internet access to ensure that the students abide by the Terms and Conditions for Internet access contained in this *Authorization*.

3. Each District computer with Internet access has a filtering device that blocks entry to visual depictions that are (a) obscene, (b) pornographic, or (3) harmful or inappropriate for students, as defined by the *Children's Internet Protection Act* and as determined by the Superintendent or designee.
4. The system administrator and Building Principals shall monitor student Internet access.

Students, Parent(s)/Guardian(s), and teachers need only sign this *Authorization for Internet Access* once while enrolled or employed by the District.

ROSELLE SCHOOL DISTRICT NO. 12
Authorization for Electronic Network Access

STAFF MEMBER USER NAME: _____

(Required if the user is a school staff member)

I understand and will abide by the *Authorization for Electronic Access Terms and Conditions*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my E-mail and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the District and its Board members, employees, and agents from any claims and damages arising from my use, or inability to use the Internet.

DATE: _____

STAFF USER SIGNATURE: _____

STUDENT USER NAME: _____

(Required if the user is a student)

I have read this *Authorization for Electronic Network Access*. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents or Board members, for any harm caused by material or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this *Authorization* with my child. I hereby request that my child be allowed access to the District's Internet connection.

DATE: _____

Parent/Guardian Name *(Please Print)*

SIGNATURE: _____

ROSELLE SCHOOL DISTRICT NO. 12
Administrative Procedure IFEA

SOFTWARE PROCEDURES

Purpose

The purpose of these procedures is to prevent copyright infringement and to protect the integrity of the district's computer environment from viruses. The following procedures should be read and signed to confirm that the employee fully understands the guidelines set forth.

Procedures

1. Appoint a Software Manager

It is the policy of the District to respect all computer copyrights and to adhere to the terms of all software licenses to which the District is a party. The Director of Technology Support Services is the District Software Manager. The user is responsible to follow these guidelines.

- District employees may not duplicate any licensed software or related documentation for use either/or on district premises.
- Unauthorized duplication of software may subject the employees and/or the district to both civil and criminal penalties under the United States Copyright Act.
- Employees may not give district stand-alone software to non-employees including parents, contractors, students, and others.
- District employees may use software on local area networks or on multiple machines only in accordance with applicable license agreements.

2. Teach Software Compliance

Each District employee shall be inserviced in regards to software policy and procedures. Employee and student training needs to include all sections of the policy statement. New employees shall be provided the same educational program within one month of the commencement of their employment.

3. Needs Assessment

Software needs and requirements are determined at the building level. The Director of Technology Support Services will administer the purchase of software. To purchase software, the employee must obtain this approval. In order to obtain approval, the software must: a) support directly the curriculum where it is to be used; b) be educational; c) be age appropriate; and d) not duplicate existing software. If games are selected, they must be educational in design and supportive of the curriculum.

4. Budget

Computer hardware, software, and training must be budgeted at the same time as well as the resources necessary for technical assistance, and maintenance of equipment.

5. Acquisition of Software

All software acquired by the District must be purchased through the District's Administrative Office following established District procedures.

6. **Registration of Software**

The District will register every software package according to manufacturer's policies. Software must be registered in the name of the District and department/school in which it will be used. The Software Manager shall maintain a register of all of the District's software and shall keep a library of software licenses. The registration must contain:

- a. The title and publisher of all software including freeware and public domain.
- b. The date and source of software acquisition.
- c. The location of each installation.
- d. The existence and location of original copies of the software.
- e. The software product's serial number.

7. **Installation of Software**

After the registration requirements above have been met, the software may be installed either by the Software Manager or designee who will be using the software. Manuals, tutorials, and other user materials should be provided to the user. A copy of the applicable license agreement shall be made available to the user.

8. **Backup and Disaster Recovery**

The Software Manager is responsible for supervision of backing up the networks. Individual users of hard drive and stand-alone software are responsible for backing up their own hard drives and software. In addition, **employees can:**

- a. Have a copy of an original software program for archival purposes. Only one copy of the program, either the original or the copy may be used at any one time.
- b. Have a new copy of the archival program in the event that the original is damaged or destroyed.
- c. Work to ensure that all software license agreements are signed before software is used.

Employees can not:

- a. Load a program onto multiple hard drives for simultaneous use absent a license agreement that allows such usage.
- b. Load a program onto a local area network or disk-sharing system absent a license agreement that allows such usage.
- c. Make or use unauthorized copies of copyrighted software programs or allow students to make or use unauthorized copies of software programs on school computer equipment.

9. **Documentation**

Original manuals, tutorials, and other user-oriented documented information should be kept with the software.

10. **Home Computer Software**

Personal software may be brought from home, but must go through the same use approval process. To use personal software on District machines, ownership of the software must be turned over to the District and become property of the District along with any licenses. This is necessary in order to maintain the integrity of the District's stated purpose for having a software policy. The Software Manager or designee shall be responsible for installing all software on District machines. However, employees who wish to use their own machine with their own software within the District may do so without causing license or copyright infringements.

11. **Software Audits**

The Software Manager will conduct an annual audit of all district PCs to ensure that the District complies with all software licenses. Surprise audits may be conducted as well. During the annual audit, the District will search for computer viruses and eliminate any that are found.

12. **Penalties and Reprimands**

Anyone who violates this policy will be referred to the Building Principal and Superintendent for possible disciplinary action.

I have read the District's software policy and agree to abide by it.

Employee 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. 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



Who must complete this form?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay. If you are claiming exempt status (see Publication 131, Withholding Income Tax Filing and Payment Requirements) from Illinois withholding, you must check the exempt status box on the IL-W-4.

Note If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

When must I file?

You must file Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You should complete this form and give it to your employer on or before the date you start working for your employer. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your previously claimed allowances decreases, you must file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Example: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional exemption for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have filed takes effect or until your employer is required by the department to disregard it. Your employer is required to disregard your Form IL-W-4 if you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption. Also, if the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4, your employer must also disregard your Form IL-W-4. Finally, if you claim 15 or more exemptions on your Form IL-W-4 without claiming at least the same number of exemptions on your federal Form W-4, and your employer is not required to refer your federal Form W-4 to the IRS for review, your employer must refer your Form IL-W-4 to the department for review. In that case, your Form IL-W-4 will be effective unless and until the department notifies your employer to disregard it.

What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax. Therefore, your employer will withhold Illinois Income Tax based on your compensation minus the exemptions to which you are entitled.

What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

Note If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

What if I underpay my tax?

If the amount withheld from your compensation is not enough to cover your tax liability for the year, (e.g., you have non-wage income, such as interest or dividends), you may reduce the number of allowances or request that your employer withhold an additional amount from your pay. Otherwise, you may owe additional tax at the end of the year. If you do not have enough tax withheld from your pay, and you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty. You should either increase the amount you have withheld from your pay, or you must make estimated tax payments.

You may be assessed a **late-payment penalty** if your required estimated payments are not paid in full by the due dates.

Note You may still owe this penalty for an earlier quarter, even if you pay enough tax later to make up the underpayment from a previous quarter.

For additional information on penalties, see Publication 103, Uniform Penalties and Interest. Visit our web site at tax.illinois.gov to obtain a copy.

Where do I get help?

- Visit our web site at tax.illinois.gov
- Call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336
- Call our TDD (telecommunications device for the deaf) at 1 800 544-5304
- Write to
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19044
SPRINGFIELD IL 62794-9044

Illinois Withholding Allowance Worksheet

General Information

Complete this worksheet to figure your total withholding allowances.

Everyone must complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.
 I can claim my spouse as a dependent.

- 1 Write the total number of boxes you checked. 1 _____
- 2 Write the number of dependents (other than you or your spouse) you will claim on your tax return. 2 _____
- 3 Add Lines 1 and 2. Write the result. This is the total number of basic personal allowances to which you are **entitled**. 3 _____
- 4 If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of basic personal allowances or have an additional amount withheld. Write the total number of basic personal allowances you elect to claim on Line 4 and on Form IL-W-4, Line 1. 4 _____

Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older. I am legally blind.
 My spouse is 65 or older. My spouse is legally blind.

- 5 Write the total number of boxes you checked. 5 _____
- 6 Write any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4. 6 _____
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Write the result on Line 7. 7 _____
- 8 Add Lines 5 and 7. Write the result. This is the total number of additional allowances to which you are **entitled**. 8 _____
- 9 If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of additional allowances or have an additional amount withheld. Write the total number of additional allowances you elect to claim on Line 9 and on Form IL-W-4, Line 2. 9 _____

Note If you have non-wage income and you expect to owe Illinois Income Tax on that income, you may choose to have an additional amount withheld from your pay. On Line 3 of Form IL-W-4, write the additional amount you want your employer to withhold.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----



Illinois Department of Revenue

IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number _____

Name _____

Street address _____

City _____ State _____ ZIP _____

Check the box if you are exempt from federal and Illinois Income Tax withholding.

- 1 Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 _____
- 2 Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____
- 3 Write the additional amount you want withheld (deducted) from each pay. 3 _____

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

Your signature _____ Date _____

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 66 Ill. Adm. Code 100.7110.

Form W-4 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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-earner/multiple job 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> <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. </div>	B	_____
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	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G	_____
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	_____
	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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 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. 		

----- Cut 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="font-size: small; 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 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2009</div>
1 Type or print 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 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2009, 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 _____
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 (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)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

- 1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____
- 2 Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$	
\$ 8,350 if head of household						
\$ 5,700 if single or married filing separately						
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ _____
- 6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

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.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." 2 _____
- 3 If line 1 is more than or equal to 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. Do not use the rest of this worksheet 3 _____

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$85,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	85,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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 using it 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.