

Thank you for your interest in our Child Nutrition **AND/OR** Custodial Substitute Programs. A Child Nutrition/Custodial Substitute training session will be conducted on September 7, 2011 at 2:00 p.m.

This is a combined training session for Child Nutrition **AND/OR** Custodial substituting. You **DO NOT** have to apply for both positions, it is only an option.

A training will be presented regarding the operations of our cafeterias and custodial procedures. Questions will be answered at the training.

Online Registration is required. If you have not registered online, please do so at www.catawbасchools.net, or contact April Herman/CCS Human Resources to register.

If you decide **NOT** to attend the training, please call or email to cancel, so that others who apply will have the opportunity to attend.

Please fill out the enclosed forms in this packet and bring it with you to the substitute training. **Incomplete forms will not be processed!**

Date: Wednesday, September 7, 2011
Time: 2:00 p.m.
Location: CCS Annex Building 2285 N. Anderson Avenue, Newton
East 24th Street (see map in packet)

In preparation for the training:

- (1) High School Education is required.**
- (2) An ONLINE SUBSTITUTE APPLICATION is required.** The website is <http://schooljobs.dpi.state.nc.us>. **Three work references are required!** Personal references are **not** accepted. Print off and bring your signed and dated application to the training.

Public libraries, Job Links at CVCC, Employment Security Commission, and friends/relatives are all places that you may be able to use a computer with internet access.

Note: This packet of paperwork is NOT your substitute application. See #2 above.

- (3) Bring your **DRIVER'S LICENSE** and **SOCIAL SECURITY CARD**. This is required. No exceptions.
- (4) The training may take approximately 1- 2 hours.

Here is a **checklist of items in this packet**. Use this checklist to make sure you have completed all the required forms.

Online Substitute Application (printed and signed)
Subbing Choice Form
Drivers License
Social Security Card
Employment Eligibility Form (I-9)
CCS Restrictions Form
Consumer Reports Release Form for Criminal Background
NC New Hire Form
NC-4 Employee's Withholding Allowance Certificate
W-4 Employee's Withholding Allowance Certificate
School Location Form (to receive check/stub)
Direct Deposit Form (optional)
Internet Policy Form
Drug Free Policy Form
N.C. Public Schools Health Examination Form

PLEASE BE SURE YOU HAVE SIGNED ALL FORMS!

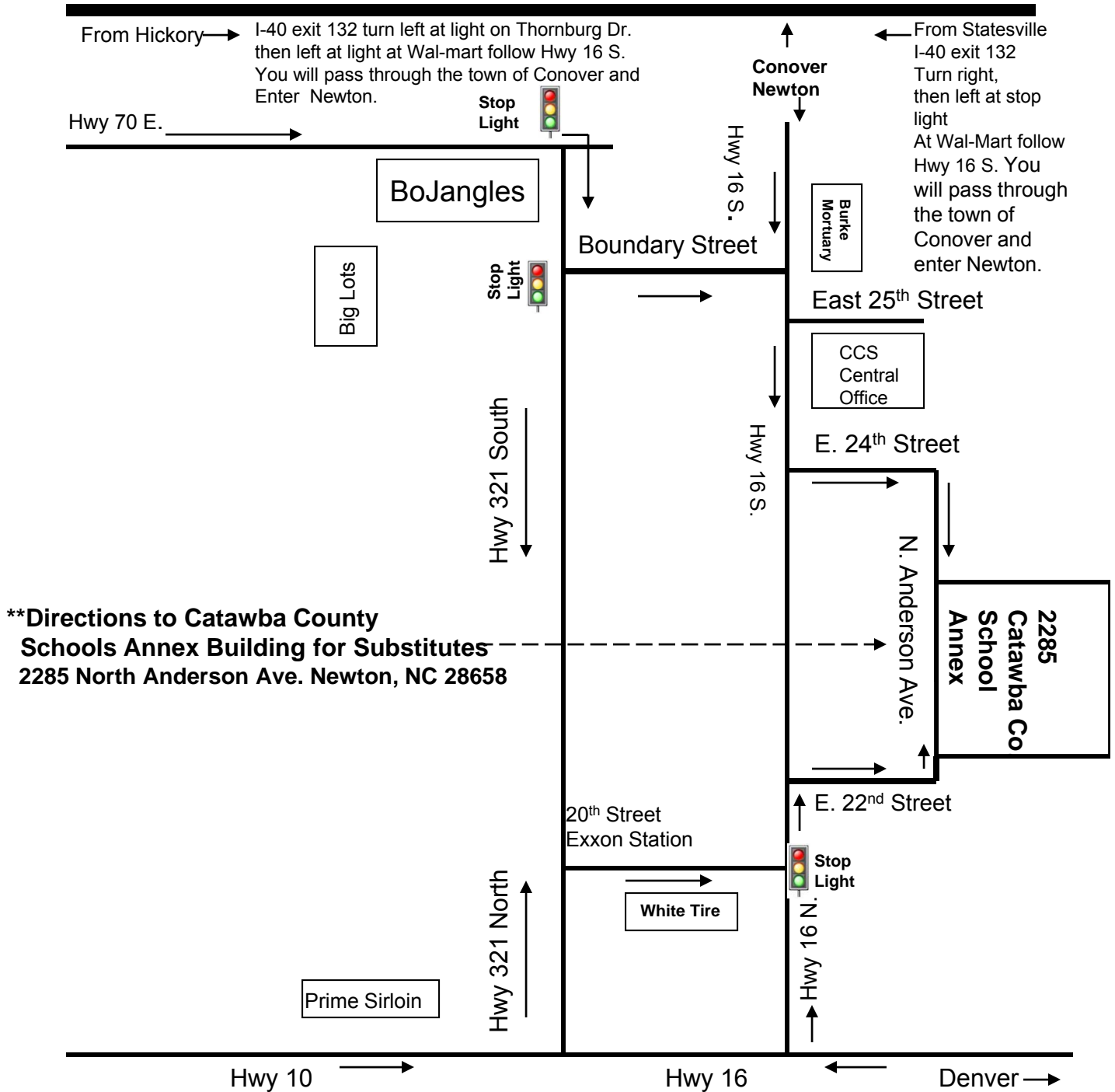
INCOMPLETE FORMS WILL NOT BE PROCESSED!



******Completed packets must be turned in no later than
31 days after the training. ******

Thank you,
 April Herman
 Human Resources/Administrative Assistant 828-464-8333 ext. 376 or Email:
 April_Herman@catawbасchools.net

I-40



****Directions to Catawba County Schools Annex Building for Substitutes
2285 North Anderson Ave. Newton, NC 28658**

I-40: From Hickory, Take exit 132. turn left at light on Thornburg Dr. (see above)

I-40: From Statesville, Take exit 132, turn right. Then turn left onto Hwy 16 S at Wal-Mart

From Hwy 70 East: Turn right onto 321 S. Turn left onto Boundary St. Turn right onto Hwy 16 S. Turn left onto East 24th Street. Turn right onto N. Anderson Ave. The Annex is on the left.

From Hwy 16 North: Turn left onto E. 24th Street. Turn right onto N. Anderson Ave. The Annex is on the left.

From Hwy 10: Turn left onto Hwy 321 N. Turn right onto 20th Street (by Exxon).

At Hwy 16 N. at stop light turn left, go through 1st stoplight. Turn right onto E. 22nd Street. Turn Left onto N. Anderson Ave. The Annex will be on the right.

Catawba County Schools

Child Nutrition AND/OR Custodial Substitutes

This is a combined training session for Child Nutrition **AND/OR** Custodial substituting. You **DO NOT** have to apply for both positions, it is only an option.

My choices are:

CHILD NUTRITION SUBSTITUE ONLY

CUSTODIAN SUBSTITUTE ONLY

BOTH Child Nutrition and Custodial Substitute

Signature _____

Date _____

Cafeteria AND/OR Custodial Substitutes

ONLINE SUBSTITUTE APPLICATION INSTRUCTIONS PLEASE READ CAREFULLY!

As a substitute for Catawba Co. Schools' district (city schools not included in our district), you must submit an **online substitute application**. This packet of paperwork is **NOT** your substitute application.

The website is <http://schooljobs.dpi.state.nc.us>. **Three work references are required!** Personal references are **not** accepted. Print off and bring your **signed** and **dated** application to the training.

Public libraries, Job Links at CVCC, Employment Security Commission, and friends/relatives are all places that you may be able to use a computer with internet access. If these are not available to you, a computer is available in Human Resources **by appointment only**.

NOTE: If you have submitted a **classified, licensed, or bus driver** application, you are required to **copy** that application to the **substitute** application. The substitute application has a section to complete regarding the schools you would like to sub in.

Prior to submitting your online substitute application, be sure to list the following information in the appropriate application sections.

Reference Section-

List three (3) work-related references (*personal references **not** accepted*), the company name you worked for, and quickest contact number at which the person can be reached. (Email address accepted if it is a place of business)

Please notify the people you list as references so that they are prepared for our call.

Substitute Section-

Choose the specific schools at which you wish to substitute.

A list of the schools in **our district** is enclosed in this packet.

Thank you
Catawba County Schools
Human Resources Department

EMPLOYMENT VERIFICATION (I-9 FORM) INSTRUCTIONS--PLEASE READ CAREFULLY!!

The following form is the
Employment Eligibility Verification form (I-9).
Complete **only the top portion**(section 1.) of this form.

Federal immigration law requires all employers to verify both the identity and employment eligibility of all persons hired to work in the United States. In its efforts to meet the law's requirements, Catawba County Schools is participating in the Basic Pilot program established by the Department of Homeland Security and the Social Security Administration (SSA) to aid employers in verifying the employment eligibility of all newly-hired employees. Our participation in the pilot program does not exempt us from the obligation to complete a Form I-9 for everyone we hire. In order to determine whether Form I-9 documentation is valid, Catawba County Schools uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

**This form must be filled out to match your
Social Security Card and Drivers License!!**

If your social security card and drivers license
do not match, you must have these items corrected at
the appropriate government agency (i.e. Social Security
Administration and Department of Motor Vehicles)
***The Social Security Office will give you a paper
showing that you have applied for a new ss card.
Bring this in place of your ss card until you new
one arrives.***

Please complete this before you attend the training.

Be sure to sign your name on the form, but
DO NOT fill in the "date box" on this form.



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.

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 #

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

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

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

List A	OR	List B	AND	List C
Document title: _____		Drivers License # _____		Social Security #A _____
Issuing authority: _____		_____		_____
Document #: _____		STATE: _____		_____
Expiration Date (if any): _____		Exp. Date: _____		_____
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 April Herman	Title Human Resources
Business or Organization Name Catawba County Schools	Address (Street Name and Number, City, State, Zip Code) PO Box 1010, Newton, NC 28658	Date (month/day/year)

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

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

LIST A	LIST B	LIST C		
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility		
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>Form I-688A</i>) 8. Unexpired Reentry Permit (<i>Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>Form I-571</i>) 10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>) 	OR	<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 <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record 	AND	<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 (<i>Form FS-545 or Form DS-1350</i>) 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 (<i>Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>) 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)

Catawba County Schools

RESTRICTIONS FORM

Name: _____
Last First Middle

SECTION 1

Circle the number preceding each physical task that you **CAN** perform **without any restrictions**. List under "OTHER" any additional restrictions that might affect your being able to perform the job duties of the position for which you are applying.

- | | |
|--|--|
| 1. Heavy lifting, 50 lbs and over | 11. Bending |
| 2. Heavy carrying, 50 lbs and over | 12. Climbing |
| 3. Pulling | 13. Kneeling |
| 4. Pushing | 14. Use of both legs |
| 5. Reaching and working above the shoulder | 15. Vision (corrected vision permitted) |
| 6. Use of fingers | 16. Ability to distinguish basic colors |
| 7. Use of both hands | 17. Hearing (hearing aid permitted) |
| 8. Walking | 18. Operation of truck, bus, or
other motor vehicle |
| 9. Standing | OTHER _____ |
| 10. Crawling | |

ENVIRONMENTAL FACTORS

SECTION 2

Circle any conditions under which you would be **UNABLE** to perform the duties of the position for which you are applying.

- | | |
|-----------------------------------|---|
| 1. Outside | 15. Electrical Energy |
| 2. Outside and inside | 16. Slippery or uneven walking surfaces |
| 3. Excessive heat | 17. Working around machinery with
moving parts |
| 4. Excessive cold | 18. Working around moving objects or
vehicles |
| 5. Excessive humidity | 19. Working on ladders or scaffolding |
| 6. Excessive dampness or chilling | 20. Unusual fatigue factors (specify) |
| 7. Dry atmospheric conditions | 21. Working with hands in water |
| 8. Excessive noise, intermittent | 22. Vibration |
| 9. Constant noise | 23. Working closely with others |
| 10. Dust | 24. Working alone |
| 11. Fumes, smoke, or gas | 25. Protracted or irregular hours of
work |
| 12. Solvents (degreasing agents) | OTHER _____ |
| 13. Grease and oil | |
| 14. Radiant Energy | |

I certify that I am physically able to perform all of the above physical tasks that I have circled **without any restrictions (Section 1)**, unless otherwise noted in Section 2.

Signature of Applicant

Date

DRUG FREE WORKPLACE/DRUG TESTING POLICY

Executive Summary

The purpose of this policy is to promote and maintain a drug-free environment in the workplace and to protect employees and the public by ensuring that Catawba County School employees are fit to perform their assigned duties. Employees are expected and required to safely and effectively perform their duties throughout the workday.

There is no reason to believe that illegal drug use or substance abuse in the school system is greater than any other work place; nevertheless, the well-being of the students demands that the school system take the actions necessary to ensure that substance abuse and illegal drugs are absent within its work force.

Individuals Affected

This drug/alcohol testing policy shall apply to six groups of individuals.

1. All final candidates for employment: Drug screening
2. All final candidates for employment who may be involved in the operation of a county-owned vehicle: Drug and alcohol screening
3. All employees involved in the operation of a county-owned vehicle: Drug and alcohol screening
4. Any individual(s) operating a county-owned vehicle that is involved in an accident resulting in a fatality, citation or injuries requiring medical attention: Drug and alcohol screening
5. Any individual identified by a supervisor or principal as meeting the criteria for "reasonable suspicion" of drug or alcohol use
6. All current employees whose job requirement involves driving a county-owned vehicle will be subject to drug and alcohol screening when selected at random

The board of education shall pay for the administering of drug and/or alcohol testing for each of the above categories with the exception of categories 1 and 2.

Testing

When drug screening is required under the provisions of this policy, a urinalysis test will be conducted to detect the presence of drugs.

The U.S. Department of Transportation (DOT) testing requirements according to NIDA protocols will be followed.

When alcohol screening is required under this policy, a breathalyzer will be given to the individual.

The Personnel Director may also include testing for any other controlled substance as defined in North Carolina General Statute 90-87(5) or metabolite thereof.

The content level of each substance needed to determine whether an employee has consumed or is under the influence of a drug will be determined by a certified toxicologist of the approved laboratory.

Any employee found to have abused prescription drugs will be subject to the terms and conditions of this program.

An employee who has a positive test will be subject to disciplinary action up to and including dismissal. An employee permitted to continue employment and receive assistance under the Employee Assistance Program will be required to cooperate fully with the provisions of the recommended rehabilitation program.

An employee scheduled under the provision of this policy who refuses to consent to a drug test will be subject to disciplinary action up to and including dismissal.

A complete copy of Board of Education policy 7.4875 is available in each school office and in the personnel office at the central administrative building.

Any questions concerning this policy should be directed to Patrice W. Hensley, Assistant Superintendent for Human Resources at (828) 464-8333.

Compliance with Drug-Free Workplace Act

In compliance with the Drug-Free Workplace Act of 1988, each school employee shall notify his/her supervisor of his/her arrest or conviction of any criminal drug statute for a violation no later than five (5) days after such arrest or conviction. It is understood that such notification shall constitute a reasonable suspicion for such employee to undergo a required drug test.

In the case that an employee is convicted for a violation of a criminal drug statute occurring in the workplace, the LEA shall take the following actions:

Within 10 calendar days of receiving notice of the conviction, the LEA shall provide written notice, including the convicted employee's position/title; to every grant officer, or other designee on whose grant activity the convicted employee was working.

Within 30 calendar days of receiving notice of the conviction; the grantee shall do the following with respect to the employee who was convicted: Take appropriate personnel action against the employee, up to and including termination or require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program.

The effective date of policy 7.4875 is March 1, 1992.

**PLEASE KEEP THIS INFORMATION
FOR YOUR RECORDS**

**RETURN FOLLOWING PAGES
WITH YOUR SIGNATURE & DATE**

CATAWBA COUNTY SCHOOLS

CERTIFICATION STATEMENT POLICY ON A DRUG-FREE WORKPLACE POLICY NO. 7.4874

I certify that I understand the Catawba County Schools Board of Education Policy on "A Drug-Free Workplace" and that I will abide by the terms of that policy during my employment with the school system.

Employee' Signature _____

Date _____

Acknowledgement and Certification Statement for Child Nutrition AND/OR Custodial Substitutes

I understand and agree that my application to be placed on a list to be called as a Child Nutrition AND/OR Custodial substitute, or being placed on a child nutrition AND/OR Custodial substitute list for Catawba County Board of Education, does not constitute full time and/or permanent employment with Catawba County Board of Education.

I understand that actually working or being called to work as a Child Nutrition AND/OR Custodial substitute in no way means that I am a full time and/or permanent employee of Catawba County Board of Education.

I further understand that by agreeing to place me on the Child Nutrition AND/OR Custodial substitute list, Catawba County Board of Education is in no way guaranteeing that I will actually work or be called to work as a Child Nutrition AND/OR Custodial substitute.

Employee Signature _____

Print Name: _____

Date: _____

Descriptor Term:
**TECHNOLOGY ACCEPTABLE USE AND INTERNET SAFETY --
EMPLOYEES**

Descriptor Code:
7.1310

Legal References:

Cross References:

In the 21st Century, technology tools and electronic resources are an integral part of a comprehensive educational program. Through these, both students and staff are able to extend classrooms beyond the four walls of their schools, enriching experiences and communicating on a global level. Computers, other electronic devices, programs, networks and the Internet support instruction, appeal to different learning styles and meet the educational goals of the board.

Use of technological resources should be integrated and infused into the system's educational program. These resources should be used in teaching the North Carolina Standard Course of Study and in incorporating national curriculum standards. They also support valid business uses and provide for efficient work-related communication. This policy defines employees' proper conduct and responsibilities while using any school system electronic information resources. Employees are defined as all teachers, administration, and staff. This policy also applies to any other users who are expressly authorized by the board to use electronic information resources, including, but not limited to, board members, contractors, consultants, and temporary workers. Electronic information resources are defined as all computer equipment, peripherals, or other hardware that is owned or leased by the school system; user accounts (e.g. email, Novell, Active Directory); and any software licensed to the board.

Users must acknowledge that access and use of all board electronic resources is considered a privilege and not a right. Misuse of these resources may result in loss of this privilege as well as possible disciplinary or legal action.

It is the policy of the board to:

1. prevent user access over its computer network to, or transmission of, inappropriate material via Internet, electronic mail, or other forms of direct electronic communications;
2. prevent unauthorized access and other unlawful online activity;
3. prevent unauthorized online disclosure, use, or dissemination of personal identification information of minors; and
4. comply with the Children's Internet Protection Act [Pub. L. No. 106-544 and 47 USC 254(h)].

The superintendent shall ensure that school system computers with Internet access comply with federal requirements regarding filtering software, Internet monitoring and Internet safety policies. The superintendent shall develop any regulations and submit any certifications necessary to meet such requirements.

A. APPROPRIATE USE

All users are expect to exercise good judgment, use computer resources in a professional manner, and adhere to this policy and all applicable laws and regulations.

Use of electronic information resources is expected to be related to the school system's goals of educating students and/or conducting school system business. The board recognizes, however, that some personal use is inevitable, and that incidental and occasional personal use that is infrequent or brief in duration is permitted so long as it occurs on personal time, does not interfere with the employee's work or school system business, and is not otherwise prohibited by board policy or regulations, procedures, or applicable law.

B. HARDWARE AND SOFTWARE

The board's comprehensive network is comprised of servers, computers, printers, peripherals, switches, routers, software and other devices. These resources are installed and maintained by members of the board's Information and Technology Department. Staff members shall not attempt to perform installation and maintenance without permission of the board's Technology Department.

Users are prohibited from connecting any personal technologies to system owned and maintained local, wide, or metro area networks without permission of the board. These include computers, wireless access points and routers, printers, iPods, smartphones, PDAs.

Software is licensed to the board by a large number of vendors and may have specific license restrictions regarding copying or using a particular program. Users must obtain permission from the Information and Technology Department prior to copying or loading school system software onto any computer, whether the computer is privately owned or is a board computer.

The use of software not owned or authorized by the board on any school system computers (including laptops, desktops, and the network) is discouraged. Prior to loading any software not owned or authorized by the board, an employee must receive express permission from the Information and Technology Department. The use of such software will be subject to any restrictions specified by the software license and to any restrictions imposed by the Technology Department. All software must be legally licensed by the user or the board prior to loading onto school system equipment. The unauthorized use of and/or copying of software is illegal.

The board's network may not be used for downloading entertainment software or other files not related to the mission and objectives of the board. This prohibition pertains to freeware, shareware, copyrighted commercial and non-commercial software, and all other forms of software and files not directly related to the instructional and administrative purposes of the board.

C. PROHIBITED USES

The following uses are prohibited uses of school system computers:

1. Commercial Use: Using school system computers for personal or private gain, personal business, or commercial advantage is prohibited.
2. Political Use: Using school system computers to advocate, directly or indirectly, for or against legislation, a ballot proposition and/or the election of any person to any office is prohibited.
3. Illegal or Inappropriate Use: Using school system computers for illegal, harassing, vandalizing, or inappropriate purposes, or in support of such activities, is prohibited.

Illegal activities are any violations of federal, state, or local laws and include, but are not

limited to, copyright infringement and/or illegal file sharing; committing fraud; threatening another person; or intentionally engaging in communications for the purpose of abusing, annoying, threatening, terrifying, harassing, or embarrassing another person.

Harassment includes, but is not limited to, slurs, comments, jokes, innuendoes, unwelcome compliments, cartoons, visual depictions, pranks, or verbal conduct relating to an individual that (a) have the purpose or effect of creating an intimidating, hostile or offensive environment; (b) have the purpose or effect of unreasonably interfering with an individual's work or school performance; or (c) interfere with school operations.

Vandalism is any attempt to harm or destroy an operating system, hardware, application software, or data.

Inappropriate use is any violation of other provisions of this policy and includes, but is not limited to, using another person's ID or password; plagiarizing; accessing, producing, storing, posting, sending, displaying, or viewing inappropriate or offensive material, including pornographic, obscene, discriminatory, profane, lewd, vulgar, rude, inflammatory, threatening, disrespectful, or sexually suggestive language or images, or images of exposed private body parts; and accessing material advocating illegal acts or violence, including hate literature.

4. Unauthorized Use: School system computers may only be used by staff and students, and others expressly authorized by the Information and Technology Department.
5. Disruptive Use: Board computers may not be used to interfere with or disrupt other users, services, or equipment. Disruptions include, but are not limited to, distribution of unsolicited advertising ("spam"), propagation of computer viruses, distribution of large quantities of information that may overwhelm the system (chain letters, network games, or broadcasting messages), and any unauthorized access to or destruction of school system computers or other resources accessible through the network ("cracking" or "hacking"). Disruptive use may also be considered inappropriate and/or illegal.

The following are considered disruptions and are also prohibited: posting personal or private information about the user or other people on the Internet; arranging or agreeing to meet with someone the user has met online for purposes other than official school business; attempting to gain unauthorized access to the board's network; posting information that could be disrupting, cause damage, or endanger students or staff; and accessing chat-rooms or instant messaging software, unless for a valid educational purpose or official school business.

D. STAFF WEBSITES

The board provides numerous avenues through which teachers can facilitate their instructional programs. SharePoint, the board's web portal, provides each teacher with his/her own web site where instructional information should be posted. The board's XServe enables teachers to set up wikis and blogs to promote interaction with students. The board's Virtual Learning Environment (VLE) portal is the approved venue for hosting system-created online courses and supplemental content. All content posted on these sites remains the intellectual property of the board.

There are numerous outside web sites where employees can bookmark and compile information to support their instructional goals. These sites are not appropriate venues to serve as substitutes for the employees' of the board's SharePoint, XServe, and VLE servers. Information posted on outside sites becomes the property of the site and the employee no longer has

ownership or control of content. For this reason employees may not use these sites to post information for students.

The board recognizes that social networking sites can provide an important avenue of communication between staff, students, and parents. An employee who wants to utilize these sites must set up a board account that is separate from the employee's personal social networking site. Staff may use these system-specific sites to post announcements for parents, students and the community; they may not use these sites for posting instructional information.

Employees are to maintain an appropriate relationship with students at all times. Employees are encouraged to block students from viewing personal information on employee personal websites or online networking profiles in order to prevent the possibility that students could view materials that are not age-appropriate. If an employee creates and/or posts inappropriate content on a website or profile and it has a negative impact on the employee's ability to perform his/her job as it relates to working with students, the employee will be subject to discipline up to and including dismissal. This section applies to all employees, volunteers and student teachers working in the school system.

E. COMPLIANCE WITH POLICY

This policy is applicable to all employees of the board and refers to all electronic information resources whether individually controlled, shared, stand-alone, or networked. Disciplinary action for employees shall be consistent with board policies and practices. Violation of this policy may constitute cause for revocation of access privileges, suspension of access to school system computers, dismissal and/or appropriate disciplinary or legal action.

F. STUDENT MONITORING RESPONSIBILITIES

School administrators and staff are responsible for reading the Student Acceptable Use Policy and for enforcing the policy for any and all students at the site in which they work. Administrators and staff must supervise student use of electronic information resources and technology equipment in a manner that is appropriate to the students' age and circumstances of use.

G. MONITORING/NO EXPECTATION OF PRIVACY

The board's electronic information resources, the Internet, and use of email are not inherently secure or private. Employees shall have no expectation of privacy while using school system electronic information resources. The board reserves the right to search data or email stored on all school-owned or leased computers or other electronic information resources at any time for any reason. The board reserves the right to monitor employees' use of school system electronic information resources and to take appropriate disciplinary action based on the employees' inappropriate or illegal use or use that is in violation of this policy. The board reserves the right to disclose any electronic message to date to law enforcement officials, and under some circumstances, may be required to disclosed information to law enforcement officials or other third parties, for example, in response to a document production request made in a lawsuit involving the board or pursuant to a public records disclosure request.

H. SECURITY/CARE OF PROPERTY

Security on any computer system is a high priority, especially when the system involves many users. Employees are responsible for reporting information security violations to appropriate personnel. Employees should not demonstrate the suspected security violation to other users. Unauthorized attempts to log onto any school system computer on the board's network as a system administrator may result in cancellation of user privileges and/or additional disciplinary

action. Any user identified as a security risk or having a history of problems with other systems may be denied access.

Users of the board's technology equipment are expected to respect school system property and be responsible in using the equipment. Users are to follow all instructions regarding maintenance or care of the equipment. Users may be held responsible for any loss or damage caused by intentional or negligent acts in caring for computers while under their control. The school system is responsible for any routine maintenance or standard repairs to school system computers.

I. No WARRANTIES

The board makes no warranties of any kind, whether express or implied, for the electronic information it is providing. The board will not be responsible for any damages suffered by users, including a loss of data resulting from delays, non-delivery, service interruptions, or any other cause. The board will not be responsible for any claims, losses, damages, costs, or other obligations arising from the unauthorized use of school system electronic information resources. Use of any information obtained via the Internet is at the user's risk. The board specifically denies any responsibility for the accuracy or quality of information obtained through its service. Users are responsible for any losses sustained by the board resulting from the user's intentional misuse of the school system's electronic information resources.

J. APPLICATION OF PUBLIC RECORDS LAW

All information created or received for work purposes and stored on or contained in the school system's computer resources or electronic data files is subject to public disclosure unless an exception to the Public Records Law applies. This information may be purged or destroyed only in accordance with the applicable records retention schedule and the State Division of Archives regulations. Staff email accounts will be archived for a minimum of three years.

K. EMPLOYEE AGREEMENT FORM

An Employee Acceptable Use Policy Agreement Form, developed by the school system, must be signed by the employee before access is permitted and an email account is assigned. An employee's acceptance of the Agreement is considered a condition of employment and refusal to sign may result in discipline up to and including dismissal.

Please fill in the form below and return the form to the school designee or to Human Resources.

Catawba County Schools Staff Acceptable Use and Internet Safety Policy
Board Policy 7.1310

Employee agreement:

I understand and will abide by the above Catawba County Schools Staff Acceptable Use and Internet Safety Policy. I further understand that any violation may result in the loss of access privileges and in disciplinary action.

Employee Name (please print) _____

Employee Signature _____

Date _____

Assignment - Substitute

This agreement shall remain in effect as long as the staff member is employed by Catawba County Schools or until subsequent policy revision by the Board of Education.

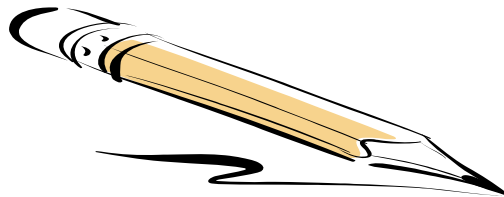
North Carolina New Hire Form

PLEASE READ CAREFULLY!!

The following page is the **North Carolina New Hire Reporting Form**.

Complete only the bottom section of this form under "Employee Information".

DO NOT enter anything in the "date of hire" box.



North Carolina New Hire Reporting Form

Effective October 1, 1997, North Carolina employers are required to report certain information about employees who have been newly hired, rehired, or have returned to work. Employers must either (1) complete this form, (2) submit a copy of the employee's IRS W-4 form with the employee's date of birth and date of hire filled out on this form, or (3) submit the information by magnetic tape or floppy diskette.

This form may be reproduced as necessary.

Send completed forms to:

North Carolina New Hire Reporting Program
 P.O. Box 900004
 Raleigh, North Carolina 27675-9004

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes.

The following will serve as an example:

A	B	C	1	2	3
---	---	---	---	---	---

EMPLOYER INFORMATION																																					
Federal Employer ID Number (FEIN) <i>(Please enter the same FEIN used to report the employee's quarterly wages.)</i>																																					
5	6	-	6	0	0	1	0	0	3	State ID:				9	9	1	8	9	9	7																	
Employer Name <i>(Include middle initial):</i>																																					
C	A	T	A	W	B	A				C	O	U	N	T	Y					S	C	H	O	O	L	S											
Employer Payroll Address:																																					
P	O		B	O	X					1	0	1	0																								
Employer City:																																					
N	E	W	T	O	N															Employer State:														Zip Code (5 digit):			
Employer Phone (optional):										Extension:				Employer Fax (optional):																							
8	2	8	4	6	4	8	3	3	3	2	6	0								8	2	8	4	6	4	0	9	6	7								
Email Address:																																					
EMPLOYEE INFORMATION																																					
Employee Social Security Number (SSN):																																					
			-			-				Is this employee an Independent Contractor?								Yes:		No:																	
Employee Name <i>(Include middle initial):</i>																																					
Employee Address:																																					
Employee City:																																					
Employee State:																				Zip Code (5 digit):																	
Date of Hire:												Date of Birth:																									

Reports must be submitted within 20 days of date of hire or rehire. Failure to report could result in a fine.

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING.

Dr. Timothy Markley
Superintendent



10 East 25th Street
PO Box 1010
Newton, NC 28658
828-464-8333

Pat Hensley
Asst. Superintendent Human Resources
Steven Demiter
Asst. Superintendent Operations
Beth Isenhour
Asst. Superintendent Curriculum & Inst.

Consumer Notification Consumer Reports

You are hereby notified that a consumer report or an investigative consumer report will be obtained from Catawba County Schools' vendor, Background Investigation Bureau, a consumer reporting agency. This report is for the purpose of evaluating your eligibility for employment, promotion, reassignment or retention as an employee.

You have been asked to carefully read and sign an authorization for release of information called Consumer Reports Release. This permits the Catawba County Schools' vendor, Background Investigation Bureau to furnish the consumer report to us.

The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living from public or private record sources or through personal interviews with your neighbors, friends, associates, or educational facility.

In accordance with the Fair Credit Reporting Act (15 U.S.C. §1681 et. seq.), you will be notified in writing before the school district makes any adverse employment decisions which is based in whole or in part on the consumer report.

Sincerely,

A handwritten signature in black ink that reads 'Pat Hensley'. The signature is written in a cursive style with a large, looping 'P' and 'H'.

Pat Hensley
Assistant Superintendent for Human Resources
Catawba County Schools

Consumer Reports Release

In connection with my application for employment (including contract for services), I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding social security number, sex, race, and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the above-mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

(Name)
Last: _____ First: _____

Middle: _____ Other Names Maiden, Aliases, etc. _____

Date of Birth: Month: _____ Day: _____ Year: _____ Race: _____ Gender: _____

Social Security #: _____ - _____ - _____ Drivers License #: _____ State: _____

Position applied for: _____

LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:

	Street	City	State	Zip	Dates MM/YEAR)
1.	_____	_____	_____	_____	From: _____ To: _____
2.	_____	_____	_____	_____	From: _____ To: _____
3.	_____	_____	_____	_____	From: _____ To: _____
4.	_____	_____	_____	_____	From: _____ To: _____
5.	_____	_____	_____	_____	From: _____ To: _____
6.	_____	_____	_____	_____	From: _____ To: _____
7.	_____	_____	_____	_____	From: _____ To: _____

Signature _____ Date: _____

****NOTE: IF YOU HAVE LIVED IN GA OR NH, YOU MUST FILL OUT A SECOND FORM, PLEASE REQUEST THIS FORM FROM CCS/HUMAN RESOURCES**

FEDERAL and STATE TAX FORMS

The following two pages are the Federal and State tax withholding forms.

Complete the bottom section of each form "*Employee's Withholding Allowance Certificate*", including the number of allowances you are claiming.

Human Resources **will not** advise you on what you should claim.

This is **YOUR** decision.

Incomplete forms will not be accepted.



Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

PURPOSE. Complete Form NC-4 so that your employer can withhold the correct amount of State income tax from your pay. **EXEMPTION FROM WITHHOLDING.** Read line 6 of the certificate below to see if you can claim exempt status. If exempt, only complete the certificate; but do not complete lines 4 and 5. No State income tax will be withheld from your pay

BASIC INSTRUCTIONS. If you are not exempt, complete the Personal Allowances Worksheet. An additional worksheet is provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or tax credits. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs except that a new NC-4 is not required until the next year in the following cases:

1. When a dependent dies during the year.
2. When an individual ceases to be a dependent during the year and the support furnished will be

the chief support for the year.

3. When an individual ceases to be head of household after maintaining the household for the major portion of the year.

HEAD OF HOUSEHOLD. Generally you may claim head of household 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. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes

QUALIFYING WIDOW(ER). You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim an exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death

Note: "Qualifying Widow(er)" for State tax purposes is the same as for federal tax purposes. Because the

standard deduction used in the tax tables for married and qualifying widow(er) is \$2,750 and you are entitled to a standard deduction of \$5,500, you may elect to claim an additional personal withholding allowance on line C below to avoid having too much tax withheld

MARRIED AND SPOUSE DOES NOT WORK OR HAS WAGE INCOME OF LESS THAN \$3,600. The withholding tax tables are based on both spouses earning wages during the year. If your spouse does not work or will earn wages of less than \$3,500 during the year, you may elect to complete line B below to avoid having too much tax withheld.

TWO JOBS. If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using only one form NC-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other

NONWAGE INCOME. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40

Personal Allowances Worksheet

A. Enter "1" for yourself if no one else can claim you as a dependent A. _____

IN ADDITION TO A. ABOVE:

B. Enter "1" if you are married and you expect your spouse's wages to be from \$1,000 to \$3,500.
Enter "2" if you are married and your spouse has no income or expects to earn less than \$1,000 B. _____

C. Enter "1" if you are a qualifying widow(er). C. _____

D. Enter the number of dependents (other than your spouse or yourself) whom you will claim on your tax return D. _____

E. If you plan to itemize, claim adjustments to income, or have allowable tax credits and want to reduce your withholding, complete the Deductions, Adjustments, and Tax Credits Worksheet on page 2 and enter number from line 14 E. _____

F. Add lines A through E and enter total here and on line 4 of your Employee's Withholding Allowance Certificate F. _____

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

North Carolina Department of Revenue

Employee's Withholding Allowance Certificate

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) _____
City or town, state, and ZIP code _____

3 Marital Status { Single
 Married or Qualifying Widow(er)
 Head of Household

4 Total number of allowances you are claiming (from line F above) 4 _____

5 Additional amount, if any, you want deducted from each pay period 5 \$ _____

6 I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:

- Last year I was entitled to a refund of ALL State income tax withheld because I had NO tax liability; AND
- This year I expect a refund of ALL State income tax withheld because I expect to have NO tax liability.

If claiming exempt, the statement is effective for one calendar year only and a new statement must be completed and given to your employer by next February 15.

If you meet all of the above conditions, enter the year effective and write "EXEMPT" here 6 20 _____

7 Are you a full-time student? (Note: Full-time students are not automatically exempt) 7 Yes No

I certify, under penalties provided by law, that the withholding allowances claimed on this certificate do not exceed the amount to which I am entitled

Employee's signature _____ Date _____, 20 _____

8 Employer's name and address (Employer: Complete 8 and 9 only if sending to NCDNR) _____ 9 FEIN _____

Deductions, Adjustments, and Tax Credits Worksheet

1. Additional withholding allowances may be claimed if you expect to have allowable itemized deductions exceeding the standard deduction. Enter an estimate of the total itemized deductions to be claimed on your federal tax return less the amount of any State income tax included in your federal deductions 1. _____
2. Enter

}	\$4,400 if head of household
	\$3,000 if single
	\$2,750 if married filing separately
	\$5,500 if married filing jointly or qualifying widow(er)

 2. _____
3. Subtract line 2 from line 1, enter the result here 3. _____
4. Enter an estimate of your federal adjustments to income and your State deductions from federal taxable income 4. _____
5. Add lines 3 and 4 5. _____
6. Enter an estimate of your nonwage income (such as dividends or interest) 6. _____
7. Enter an estimate of your State additions to federal taxable income (do not enter the addition for state income tax or the additions for the standard deduction and personal exemption inflation adjustment) 7. _____
8. Add lines 6 and 7 8. _____
9. Subtract line 8 from line 5 9. _____
10. Divide the amount on line 9 by \$2,500 (\$2,000 if you expect your income from all sources for the year to equal or exceed the following amounts for your filing status: \$60,000 - single; \$80,000 - head of household; \$50,000 - married or qualifying widow(er)) and enter the result here. Drop any fraction 10. _____
11. If you are entitled to tax credits, for each \$175 (\$140 if you expect your income from all sources for the year to equal or exceed the following amounts for your filing status: \$60,000 - single; \$80,000 - head of household; \$50,000 - married or qualifying widow(er)) of tax credit, enter "1" additional allowance 11. _____
12. Add lines 10 and 11 and enter total here 12. _____
13. If you completed this worksheet on the basis of married filing jointly, enter the number from line 12 that your spouse will claim 13. _____
14. Subtract line 13 from line 12 and enter the total here and on line E of the Personal Allowances Worksheet 14. _____

If you furnish an employer with an **Employee's Withholding Allowance Certificate** that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Form W-4 (2010)

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 2010 expires February 16, 2011. 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 his or her 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-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 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 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. 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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B _____
{	<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. 	}			
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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <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 \$18,000 (\$32,000 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<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 \$18,000 (\$32,000 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. 	}	
{	<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 \$18,000 (\$32,000 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="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: 0;">2010</div>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; padding: 2px;">1 Type or print your first name and middle initial.</td> <td style="width: 35%; padding: 2px;">Last name</td> <td style="width: 30%; padding: 2px;">2 Your social security number</td> </tr> </table>		1 Type or print your first name and middle initial.	Last name	2 Your social security number		
1 Type or print your first name and middle initial.	Last name	2 Your social security number				
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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.						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Employee's signature (Form is not valid unless you sign it.) ▶</td> <td style="width: 30%; padding: 2px;">Date ▶</td> </tr> </table>		Employee's signature (Form is not valid unless you sign it.) ▶	Date ▶			
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Deductions and Adjustments Worksheet

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

- 1** Enter an estimate of your 2010 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 **1** \$ _____
- 2** Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$8,400 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 2010 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 6* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2010 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 \$3,650 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 \$65,000 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 figure 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - 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 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.

OPTIONAL

Catawba County Schools Payroll Section

Unit Number 180

AUTHORIZATION FOR AUTOMATIC DEPOSIT OF NET PAY INTO EMPLOYEE'S CHECKING ACCOUNT

NOTE: Deposit information will be confirmed through the banking system before the first automatic deposit is made. Payroll checks should be expected until you have received the initial notice of deposit.

Social Security Number	First Name	MI	Last Name
Bank Name		Bank Location	

PLEASE STAPLE A **VOIDED** CHECK (**not a deposit slip**) TO THIS FORM.



*****Staple Voided Check Here*****

Signature: _____

Date: _____

PAY CHECKS ARE NOT MAILED!

Choose only **ONE (1)** school location at which to receive your check/stub.



	Elementary Schools
	Balls Creek Elementary School
	Banoak Elementary School
	Blackburn Elementary School
	Catawba Elementary
	Claremont Elementary School
	Clyde Campbell Elementary School
	Lyle Creek Elementary
	Maiden Elementary School
	Mt. View Elementary School
	Oxford Elementary School
	Sherrills Ford Elementary School
	St. Stephens Elementary School
	Startown Elementary School
	Sweetwater Elementary School
	Tuttle Elementary School
	Webb Murray Elementary School
	Middle Schools
	H.M. Arndt Middle School
	Jacobs Fork Middle School
	Madien Middle School
	Mill Creek Middle School
	River Bend Middle School
	High Schools
	Bandys High School
	Bunker Hill High School
	CVECH (Catawba Valley Early College High School) NO Cafeteria
	Fred T. Foard High School
	Maiden High School
	St. Stephens High School
	I choose to pick my check up in the Payroll Dept located at the Annex.

Signature: _____ **Date:** _____

****Direct Deposit is available.** If you choose this option, you still must choose a school to pick up your check stub . Authorization form for direct deposit must be completed.

HEALTH EXAMINATION CERTIFICATE INSTRUCTIONS

The following form is the North Carolina Public Schools Health Form.

IT MUST BE FILLED OUT BY YOUR DOCTOR!!

Other health forms are not acceptable, only the North Carolina Public Schools health examination certificate. (If you have worked for another school district and have filled out a NC Public Schools Health Form for that district, it must be dated within 6 months of the date of our substitute teacher training.)

If you do not have a family doctor, possible health care facilities that may fill out this form are:

Hart Industrial Clinic
2850 Tate Blvd SE
Hickory, NC 28602
(828) 326-7000 (Call for an appointment)

or

Catawba Valley Medical Center
810 Fairgrove Church Rd.
Hickory, NC 28602
828-326-3000 (Ask for Occupational Health
Office, cash only)

PLEASE KEEP A COPY, OF YOUR HEALTH FORM, FOR YOUR RECORDS ONCE YOU HAVE IT FILLED OUT BY YOUR DOCTOR.

You WILL NOT be added to our substitute list until all paperwork is processed, including the health form.

You will be notified by postcard once all your paperwork is completely processed.



HEALTH EXAMINATION CERTIFICATE

North Carolina Public Schools

Required of all persons upon initial employment, separation from employment more than one school year, absence of more than 40 successive days because of a communicable disease, or when deemed necessary by a local school board or superintendent. (Ref. NCGS 115C-323)

Name: _____ Social Security Number: _____

Address: _____

The above named individual is to be recommended for employment by _____ (local school board) in a position of _____. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

I. Communicable Disease

By my signature I certify that the above **named person does not have any communicable disease, including tuberculosis**, that poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

TB Test	Date Given		Date Read	Result

If unable to certify the above, please comment:

II. Other Health Areas

AREAS	LIMITATIONS		NATURE OF LIMITATIONS (continue on back as needed)
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			

Appropriate Immunizations	Current?		Any Immunization Recommendations
	YES	NO	
Td (tetanus), Hep B, MMR, etc.			

Date: _____

Physician, Physician Assistant, or Nurse Practitioner (type/print)

SIGNATURE: _____

License/Registration # _____

State Granting License/Registration: _____

*For initial employment of an out-of-state applicant the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.

PROCESSING PROCEDURE

PLEASE READ CAREFULLY!

Processing new substitutes, after attending the training class, may take up to 4 to 6 weeks after turning in your completed paperwork.

Our Board of Education members must approve all substitutes before adding them to our substitute list. The Board meets once a month and that usually falls near the end of the month. Be aware that the meeting dates can change.

.....

This procedure includes:

- H.R. contacts 3 work-related references (please be sure you have provided on your substitute application, the quickest phone number and/or business email address for your references). Be sure your reference person knows we will be calling.
- Processing criminal background information.
- Processing employment verification with Homeland Security.
- HRMS, and payroll set-up.
- Board to approve substitutes.



You have 31 days after the training to turn in completed packet of paperwork. After that, packets will not be accepted.

You will receive a postcard notification once your paperwork is processed. This means the Cafeteria Managers have been given your name.

Thank you.
Catawba Co. Schools/Human Resources



Arndt Middle

3350 34th Street Drive NE
Hickory, NC 28601
828 256-9545 FAX 828 256-6748
David Fonseca, Principal
Jennifer Downs, Asst Prin

Balls Creek Elementary

7620 Balls Creek Road
Newton, NC 28658
828 464-4766 FAX 828 464-5396
Lisa Thompson, Principal
Brian Benton, Asst Prin

Bandys High

5040 East Bandys Road
Catawba, NC 28609
828 241-3171 FAX 828 241-9402
Todd Black, Principal
Tammy Sharpe/Tim Woody, AP

Banoak Elementary

7651 West NC 10 Highway
Vale, NC 28168
704 462-2849 FAX 704 462-4125
Blyanne Sherrill, Principal

Blackburn Elementary

4377 West NC 10 Highway
Newton, NC 28658
704 462-1344 FAX 704 462-4496
Brian Helmer, Principal
Sandy Post, Asst Prin

Bunker Hill High

4575 Oxford School Road
Claremont, NC 28610
828 241-3355 FAX 828 241-9401
Jeff Taylor, Principal
L Miller/A Ferguson, AP

Campbell Elementary

2121 35th Avenue Drive NE
Hickory, NC 28601
828 256-2769 FAX 828 256-2846
Scottie Houston, Principal
Laura ingenito, Asst Prin

Catawba Elementary

5415 Hudson Chapel Rd
Catawba, NC 28609
828 241-3131 FAX 828 241-2332
Vermel Moore, Principal
Rene Stilwell, Asst Prin

Claremont Elementary

3384 East Main Street
Claremont, NC 28610
828 459-7921 FAX 828 459-1734
Chris Gibbs, Principal
Lisa Suber, Asst Prin

Fred T. Foard High

3407 Plateau Road
Newton, NC 28658
704 462-1496 FAX 704 462-1988
Sally Bradshaw, Principal
L Wilkes/C Lovette/E Hight, AP

Jacobs Fork Middle

3431 Plateau Road
Newton, NC 28658
704 462-1827 FAX 704 462-1600
Jeff Isenhour, Principal
Dawn Covington, Asst Prin

Lyle Creek Elementary

1845 Edgewater Drive NW
Conover, NC 28613
828 464-0299 FAX 828 464-3397
Sharon Harwood, Principal
Kim Yancey, Asst Prin

Maiden Elementary

201 North Main Avenue
Maiden, NC 28650
828 428-8769 FAX 828 428-4374
Lori Reed, Principal
J.R. Sigmon, Asst Prin

Maiden Middle

518 North C Avenue
Maiden, NC 28650
828-428-2326 FAX 828-428-5389
Nan VanHoy, Principal
Bridgette DeArman, Asst Prin

Maiden High

Maiden, NC 28650
600 W Main St
828 428-8197 FAX 828 428-8341
Dwayne Finger, Principal
Jeff Price/Maria Ballard, AP

Mill Creek Middle

1041 Shiloh Road
Claremont, NC 28610
828 241-2711 FAX 828 241-2743
Rob Rucker, Principal
Mitzi Story, Asst Prin

Mountain View Elementary

5911 Dwayne Starnes Road
Hickory, NC 28602
828 294-2020 FAX 828 294-3239
Jessica Minton-Cable, Principal
Yakisha Clemons, Asst Prin

Murray Elementary

3901 Section House Road
Hickory, NC 28601
828 256-2196 FAX 828 256-8079
Chip Cathey, Principal
Thomas Howell, Asst Prin

Oxford Elementary

5915 Oxford School Rd
Claremont, NC 28610
828 459-7220 FAX 828 459-1122
Kelly Nicholson, Prin
Cynthia O'Neal, Asst Prin

River Bend Middle

4670 Oxford School Road
Claremont, NC 28610
828 241-2754 FAX 828 241-2820
Donna Heavner, Principal
Stephen Hensley, Asst Prin

Sherrills Ford Elementary

PO Box 10, 8103 Sherrills Ford Rd
Sherrills Ford, NC 28673
828 478-2662 FAX 828 478-5927
Shelly Black, Principal
Heather Houser, Asst Prin

Snow Creek Elementary

Snow Creek Rd
Hickory, NC 28601
828 449-1076
Wally Zahler, Principal
Cory Klassett, Asst Prin

St. Stephens Elementary

684 30th Street NE
Conover, NC 28613
828 256-2570 FAX 828 256-5641
Donna Sigmon, Principal
Kim Jordan, Asst Prin

St. Stephens High

3205 34th Street Drive NE
Hickory, NC 28601
828 256-9841 FAX 828 256-7159
DeAnna Taylor, Principal
D Whitener/P Steeby/C Penley, AP

Startown Elementary

4119 Startown Road
Newton, NC 28658
828 464-1257 FAX 828 465-6568
Barbara Bell, Principal
Robin Klaiber, Asst Prin

Sweetwater Early Childhood Educ

2110 Main Avenue SE
Hickory, NC 28602
828 327-3689 FAX 828 327-0097
, Principal

Tuttle Elementary

2872 Water Plant Rd
Maiden, NC 28650
828 428-3080 FAX 828 428-0675
DeAnna Finger, Principal

Challenger Early College

CVCC Campus 2550 Hwy 70 SE
Hickory, NC 28602
828 485-2980 FAX 828 485-2981
Eddy Daniel, Prin

Catawba Rosenwald Educ Ctr

403 6th Av SW
Catawba, NC 28609
School - 828-241-2734 Fax 241-4999
Prin - Tim Conaway
Curr Coach - Jerry Gouge

Please keep
FOR YOUR
RECORDS



Certifying Employee Status Under Retirement Reemployment Laws



North Carolina Retirement Systems

Please print or type in black ink.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME	SUFFIX	SSN (last 4 digits)
MAILING ADDRESS				MEMBER ID (if known)
CITY	STATE	ZIP CODE	DATE OF BIRTH	
POSITION TITLE				TELEPHONE NUMBER

Section B. Please understand that retirees are subject to earnings restrictions.

Retirees may be subject to earnings restrictions upon returning to work. State return-to-work laws require suspension of retirement benefits when earnings from applicable employers exceed the allowable limit. Before returning to work, be sure that you understand the return-to-work laws that apply to the System from which you retired. For example, new retirees in the Teachers' and State Employees' Retirement System

(TSERS) may not work with a TSERS employer, or make arrangements for future work, until the first six months of retirement have passed. A summary of return-to-work laws for the Local Government Employees' Retirement System and the Teachers' and State Employees' Retirement System is located in Guides B, C, and D.

Section C. Please tell us if you are receiving a monthly benefit from any of the systems below.

- YES, I am currently receiving a monthly benefit from the following: (check all that apply)
- Teachers' and State Employees' Retirement System (TSERS)
 - Local Governmental Employees' Retirement System (LGERS)
 - Consolidated Judicial Retirement System (CJRS)
 - Legislative Retirement System (LRS)
 - Disability Income Plan of North Carolina (DIPNC)

NO, I am not currently receiving a monthly benefit from any of the above listed systems.

Section D. Please sign below.

I certify that I have read the Guides and the information I provided in Sections A and C is correct to the best of my knowledge. I understand that if my employment subsequently creates an overpayment of benefits from the Retirement Systems Division, I am fully responsible for the repayment of the said overpayment.

Member's Signature _____ Date _____

Section E. Please submit this form to your employer.

Please do not send this form to the Retirement Systems Division (RSD). Your employer should retain this form.

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
 325 North Salisbury Street, Raleigh, North Carolina 27603-1385
 (919) 807-3050 in the Raleigh area or (877) 627-3287 toll free
 www.myncretirement.com

REV 20091106

ESRR
 Page 1 of 1

Guide A. What is the purpose of this form and why does this form need to be completed?

Effective July 1, 2009, employers are required to report any rehired retirees to the Retirement Systems Division (RSD) or the employer will incur a penalty. In order for employers to avoid a potential penalty, RSD asks employers to take the following steps:

- Obtain signed documentation (Form ESRR) from the employee stating he/she is or is not currently receiving a monthly benefit from RSD.
- Report any known rehired retirees who may be subject to

the earnable allowance, or the 11.7% contribution under the exception for nursing instructors in TSERS, to RSD through the ORBIT system.

If a member falsifies this document (Form ESRR) by not reporting himself/herself as a benefit recipient, the employer will not be penalized. However, if the employee exceeds his/her earnable allowance, or violates other return-to-work laws, the employee will be held fully responsible for repaying any overpayment to RSD.

Guide B. What are the return-to-work laws?

After you have officially retired and are receiving monthly benefits, if you perform work in any capacity for an employer under the same Retirement System from which you retired, you will be subject to the reemployment provisions described below. These provisions may require you to work under an earnings limitation or to reenroll as a contributing member of the Retirement System. You will be subject to reemployment provisions based on the nature of the particular work you perform for a covered employer, regardless of your job classification or your technical employment status (which may include being assigned to work for a covered employer by a private company such as a temporary agency).

If you retired from LGERS, see Guide C for more detailed information. If you retired from TSERS, see Guide D for more detailed information.

If you retired from the Consolidated Judicial Retirement System, or the Legislative Retirement System, or if you receive disability benefits from any System, please contact the Retirement Systems Division for information on reemployment provisions that apply to you.

Guide C. Return-to-work laws for Local Governmental Employees' Retirement System retirees

Reemployment After Receiving Early Or Service Retirement Benefits. If you retire with monthly early or service retirement benefits from LGERS and are reemployed by an employer that participates in LGERS, the following applies:

If you are reemployed in an LGERS position, the duties of which require 1,000 hours or more per year, your monthly retirement payment must be stopped on the first day of the month following the month of reemployment and you will again become a contributing member in the month in which you are restored to service.

At any time you are reemployed and become a member of the Retirement System again, your retirement benefits will be greater at the time of your second early/service retirement. If you return to service and contribute for at least three additional years, your service from your first and second periods of employment will be combined and you can change the retirement payment plan and/or beneficiary you selected at the time of your original retirement. If you return to service for less than three years, your first retirement benefit will be reinstated upon re-retirement and you will have a choice of either receiving a lump sum refund of contributions or another (generally smaller) monthly benefit from your second period of employment.

If you are reemployed on a part-time, interim, temporary, or contractual basis, or are otherwise engaged to perform services on any basis that does not require membership in

LGERS, your retirement payment must be stopped if your earnings during the 12-month period immediately following the effective date of retirement or during any calendar year exceed your earnings limitation which is calculated as the greater of the following:

- \$28,080 (2009 amount), or
- 50% of your compensation, excluding termination payments, reported to the Retirement System during the 12 months of service preceding the effective date of your retirement.

The above amounts will be increased on January 1 each year by the percentage increase in the Consumer Price Index, which is a national measure of the increase in the cost of living from one year to the next.

Your retirement payment must be stopped for the remainder of the calendar year on the first day of the month following the month in which your earnings exceed the greater of the two limits stated above. Your retirement payment will start again on January 1 of the year after your benefit is stopped. If your earnings exceed the allowable amount in the month of December, your benefit will not be suspended.

Please note that retirement law requires your retirement date to be on the first day of the month, and for your retirement to become effective on the first day of a month, you must not work for a covered employer at any time during that month.

Please continue to the next page.



Guides for Certifying Employee Status Under Retirement Reemployment Laws

North Carolina Retirement Systems

Guide D. Return-to-work laws for Teachers' and State Employees' Retirement System retirees

Reemployment After Receiving Early Or Service Retirement Benefits. If you retired **before November 1, 2005**, with monthly early or service retirement benefits from TSERS and are reemployed by an employer that participates in TSERS, the following apply:

If you are reemployed in a position that requires membership in the Teachers' and State Employees' Retirement System, your retirement payment must be stopped on the first day of the month following the month of reemployment and you will again become a contributing member in the month in which you are restored to service.

At any time you are reemployed and become a member of the Retirement System again, your retirement benefits will be greater at the time of your second early/service retirement. If you return to service and contribute for at least three additional years, your service from your first and second periods of employment will be combined and you can change the retirement payment plan and/or beneficiary you selected at the time of your original retirement. If you return to service for less than three years, your first retirement benefit will be reinstated and you will have a choice of either receiving a lump sum refund of contributions or another (generally smaller) monthly benefit from your second period of employment.

If you are reemployed on a part-time, interim, temporary, or contractual basis, or are otherwise engaged to perform services for a TSERS employer on any basis that does not require membership in TSERS, your retirement payment must be stopped if your earnings during the 12-month period immediately following the effective date of retirement or during any calendar year exceed your earnings limitation which is calculated as the greater of the following:

- \$28,080 (2009 amount), or
- 50% of your compensation, excluding termination payments, reported to the Retirement System during the 12 months of service preceding the effective date of your retirement.

The above amounts will be increased on January 1 each year by the percentage increase in the Consumer Price Index, which is a national measure of the increase in the cost of living from one year to the next.

Your retirement payment must be stopped for the remainder of the calendar year on the first day of the month following the month in which your earnings exceed the greater of the two limits stated above. Your retirement payment will start again on January 1 of the year after your benefit is stopped. If your earnings exceed the allowable amount in the month of December, your benefit will not be suspended.

Reemployment which causes suspension of your retirement allowance will also cause suspension of your health coverage under the retiree group of the State Health Plan. Before accepting such reemployment, you should ask the new employer if you will qualify for continued coverage under the active group of the State Health Plan, and if you will qualify for

the State's contribution toward your coverage. Upon restoration of your retirement allowance, your health coverage under the retiree group will be reinstated the first of the month following the month your retirement allowance is restored.

If you retire on or after November 1, 2005, in addition to the above provisions, the following applies:

A six-month period during which no work is performed for any employer in the Teachers' and State Employees' Retirement System must immediately precede a return to employment. A return to work earlier than six months will revoke your retirement benefit retroactively to your retirement date and all benefits paid to you must be repaid to the Retirement System. Establishing a pre-existing agreement for post-retirement employment with an employer in this System is prohibited and will cause retroactive revocation of retirement benefits, as well.

Reemployment Exception for TSERS retirees who return to work as Nursing Instructors.

If you are a Teachers' and State Employees' Retirement System (TSERS) retiree who retired on or before June 1, 2009 with a reduced or unreduced benefit, or if you retired on or after July 1, 2009 with an unreduced benefit, and you wish to return to work as a nursing instructor exempt from the earnings limitations, you may do so provided you meet all of the following conditions:

- you have a six-month separation from service under the TSERS immediately preceding your return to employment as a nursing instructor, during which time no work is performed in any capacity with a State-supported community college or university;
- you return to work as a nursing instructor for a maximum of three years in a permanent full-time position, or a part-time position that exceeds fifty percent of the workweek, in a certified nursing program at a State-supported community college or university;
- you have been certified by your North Carolina Community College System or University of North Carolina System employer to teach as a nursing instructor; and
- your employer has certified to the TSERS that it has a shortage of qualified nursing instructors and has met all required conditions of making a good faith effort to hire non-retirees as nursing instructors.

Unless legislation extends this reemployment exception for nursing instructors, the above provisions are in effect through June 30, 2013.

Reemployment under the Consolidated Judicial Retirement System (CJRS).

If you are retired from TSERS and are reemployed under CJRS, please contact the Retirement Systems Division for provisions that apply to you.

These guides are subject to and governed by the General Statutes of the State of North Carolina.