



DEXTER COMMUNITY SCHOOLS

Barb Santo, Executive Director of Human Resources
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Welcome to Dexter Community Schools! Our public schools are the heart of our community. We employ talented, student-focused teachers, administrators, and staff who are committed to student success. Dexter Community Schools provide cradle-to-career, innovative learning opportunities for all students. We consistently rank among the best districts in the state for both academics and sports.

For your convenience, we have included below a checklist of all the items that must be completed in order for you to be paid. If you ever need to update your name, payroll deductions, or other items, these individual forms can be found on our website: www.dexterschools.org/payroll.

The Human Resources section of our website has a wealth of information for employees including the employee handbook, whom to contact for specific questions, and important information about professional development and other record-keeping. www.dexterschools.org/humanresources

Our Technology Department will set up your Dexter Schools email address, network account, and website login. They will also provide you with a badge I.D. and fob (or keys, if appropriate) that will let you into our buildings. Teachers will be provided with a Dexter Schools laptop. Once you have received your network login, future requests for technology assistance can be made using the HelpDesk link available on their home page. www.dexterschools.org/tech

Last, but not least, the Staff page of our website offers shortcuts to many of these and other valuable resources, as well as the teacher calendar should you need another copy. Please visit www.dexterschools.org/staff to familiarize yourself with these items.

Once again, welcome to Dexter. GO DREADS!

Barb Santo
Executive Director of Human Resources

NEW HIRE PAYROLL CHECKLIST

- New Hire Payroll Information Sheet
- IRS W-4
- Michigan W-4
- State of Michigan New Hire Reporting Form
- Employment Eligibility Verification I-9
- Direct Deposit/Payroll Debit Card Authorization
- Professional Conduct Release
- Verification of Previous Teaching Experience
- Authorization for Criminal Record Check and Conditional Employment Statement
- New Hire Retirement Plan Election Form
- Driver's License (bring to us, we will copy)
- Social Security Card (bring to us, we will copy)

PERSONAL INFORMATION

Name (Last, First, Middle)

Social Security Number

Phone Number

Email

Birth Date Sex Marital Status

Address

City State Zip

BASIC EMPLOYMENT INFORMATION

Position

Building/Department (if known)

STATUS (choose one): Permanent Substitute Intermittent Dexter HS Student

TEACHERS ONLY:

Pay Schedule (choose one): 19 pays (school year) 24 pays (through summer)

Educational Level (choose highest level attained): BA BA +10 BA+20 MA MA+10
 MA+20 MA+30/SPECIALIST PhD/Dr

STATE RETIREMENT/PENSION PLAN INFORMATION (choose one)

I have worked in a Michigan public school. Dates of employment: from _____ to _____.
My retirement plan is: BASIC MIP FIXED MIP GRADED MIP PLUS
 PENSION PLUS DEFINED CONTRIBUTION DON'T KNOW

I have never worked in a Michigan public school. (Must make your retirement election online at www.michigan.gov/orsmiaccount if you do not make an election you will become a member of the Defined Contribution Plan)

REQUIRED NOTIFICATIONS

Retirement Savings: You are eligible to make salary deferrals into the Dexter Community Schools 403b Plan and the Dexter Community Schools 457 Plan. For more information and to access forms please visit our comprehensive webpage: <https://dexterschools.org/retirement>.

Paychecks: Employees may receive paychecks via direct deposit to your bank account or by receiving a prepaid debit card. Information about fees associated with the debit card option can be obtained by calling payroll at 734-424-4100 ext. 1014 or at this link: https://dexterschools.org/uploaded/business_office/payroll/Prepaid_Debit_Card_Disclosure.pdf.

SIGNATURE

Employees MUST provide two acceptable forms of identification as listed on Form I-9, "Employment Eligibility Verification" (social security card **and** driver's license/government-issued photo ID or birth certificate). Bring your original documents to us and we will make a copy of them.

Signature

Date



Dexter Community Schools Direct Deposit/Payroll Debit Card Authorization

*Employees have the option of receiving wages by Direct Deposit and/or payroll Debit card.
If you do not provide a written election, wages will be paid by Payroll Debit Card.*

SECTION 1 BASIC INFORMATION						
Employee Name			Last four digits of SSN#		Effective Date	
SECTION 2 PAYROLL ELECTION						
<input type="checkbox"/> Direct Deposit ____ total number of bank accounts elected for direct deposit (<i>Please complete Sections 3 and 5 below</i>)						
<input type="checkbox"/> Payroll Debit Card (<i>Please complete Sections 4 and 5 below</i>)						
SECTION 3 DIRECT DEPOSIT						
A	<input type="checkbox"/> Add Bank Account <input type="checkbox"/> Revise Deposit Amount			A	<input type="checkbox"/> Add Bank Account <input type="checkbox"/> Revise Dollar Amount	
C	<input type="checkbox"/> Delete Bank Account #			C	<input type="checkbox"/> Delete Bank Account #	
C	Bank Name:			C	Bank Name:	
O	Routing #			O	Routing #	
U	Account #			U	Account #	
N	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other			N	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
T	Amount \$ OR <input type="checkbox"/> Entire Net Check			T	Amount \$ OR <input type="checkbox"/> Entire Net Check	
1	COMMON Bank of Ann Arbor #072413735 Bank of America #072000805 Chase Bank #072000326					
	ROUTING Chelsea State Bank #072403635 Flagstar Bank #272471852 Mich. Ed. Credit Union #272482508					
	NUMBERS: PNC Bank #072000915 TCF Bank #272471548 United Bank and Trust #072403347					
<ul style="list-style-type: none"> To help us avoid making an error, please attach a copy of a voided check. If you elect more than two different bank accounts for direct deposit, please complete an additional form. If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods. 						
SECTION 4 PAYROLL DEBIT CARD						
<p>Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order for the Payroll and Benefits Office to request a Payroll Debit Card for you, we must provide all of the following information, which will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, Dexter Community Schools will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity. You may choose to enroll in additional services available through the financial institution, such as receiving paper statements, for which you may be charged a fee. Except for the routing and account number, Dexter Community Schools does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you may pick up your new Payroll Debit Card and a packet containing all of the terms and conditions from the Payroll and Benefits Office. You will then sign to acknowledge that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages. You should contact your financial institution with any questions, or if your Payroll Debit Card is lost or stolen.</p>						
CARDHOLDER INFORMATION (<i>as you want your Payroll Debit Card to be issued</i>)						
First Name		M.I.		Last Name		
Date of Birth					Social Security#	
Street Address						
City		State		Zip		
Primary Phone						
Amount \$ OR <input type="checkbox"/> Entire Net Check						
RECEIPT OF PAYROLL DEBIT CARD (<i>to be completed when you pick up your Payroll Debit Card</i>)						
Payroll Debit Card Routing #			Payroll Debit Card Account #			
021409169			999			
<p>I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.</p>						
Employee's Signature: _____				Date: _____		
SECTION 5 AUTHORIZATION						
<p>I authorize Dexter Community Schools to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s).</p>						
Print Name: _____						
Employee's Signature: _____				Date: _____		

Please return Direct Deposit/Payroll Debit Card Authorization Form to the Payroll & Benefits Office at Copeland.
Employees have secure access to payroll "check stubs" through the Staff Payroll web page www.dexterschools.org/payroll

**Authorization for Release of Information
on Professional Conduct
and Employment History Check**

Please print clearly.

<i>Applicant's Full Name</i>	<i>Position Applying or Hired for</i>
<i>Current or Former Employer</i>	
<i>Street Address</i>	<i>City, State, ZIP</i>

I authorize my current or former employer, listed above, to provide the Dexter Community Schools any information regarding my employment history and, in addition, to disclose any other information which is job related, including all items within my personnel file and, pursuant to Public Act 189 of the Public Acts of 1996 being section 380.1230b of the Michigan Compiled Laws, authorize any current or former employer(s) to disclose any unprofessional conduct and provide copies of all documents in my personnel record maintained by my current or former employer(s) relating to any unprofessional conduct as defined by Public Act 189 of 1996 which reads:

“Unprofessional conduct” means 1 or more acts of misconduct; 1 or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor, or commission of a crime involving a minor. A criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct – MCL 380.1230b(8)(b)

I acknowledge Dexter Community Schools right to investigate all references and secure additional information regarding my employment history, including any disciplinary action and/or the events surrounding termination of employment.

Pursuant to PA 189 of 1996, I waive my right of prior notice under the Bullard-Plawecki employee right to know act, Act No. 397 of the Public acts of 1978, being section 423.506 of the Michigan Compiled Laws and I understand that Public Act 189 of 1996 releases the current or former employer, and employees acting on behalf of the current or former employer, from any liability for providing information on unprofessional conduct and further release the Dexter Community Schools district and its representatives from all liability for seeking such information.

<i>Applicant Signature</i>	<i>Date</i>
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TO BE COMPLETED BY THE CURRENT OR FORMER EMPLOYER OF THE ABOVE-NAMED APPLICANT

The individual named above is being considered for employment with the Dexter Community Schools District and has identified you as his/her former employer. Public Act 189 requires current of former employers to provide the requested information **no later than 20 business days** after receiving the request.

As a result of checking our personnel records of the above-named individual, please be informed that (please check one of the following):

- There was no unprofessional conduct on the part of this individual while he/she was employed here.
- Copies of documents relating to unprofessional conduct by this individual are attached as per Michigan Public Act 189 of 1996.

<i>Signature</i>	<i>Date</i>
<i>Title</i>	

Thank you in advance for your prompt attention to this matter. Please fax your reply or mail the original to:

Dexter Community Schools Human Resources
2704 Baker Road, Dexter MI 48130 Phone:
734-424-4100 Fax: 734-424-4108

PART 1

**AUTHORIZATION TO RELEASE CONFIDENTIAL
CRIMINAL RECORD INFORMATION**

I hereby authorize the release of results of a criminal record check that was conducted within one year from this date.

I understand that the information is required by Michigan Statue and Dexter Community Schools as part of the pre-employment screening process. The information in this report will be used by Dexter Community Schools in reaching employment decisions.

Social Security Number: _____ Position: _____

Last Name First Name Initial Maiden/Previous

Date of Birth: _____ Male: _____ Female: _____
Month / Date / Year

Race (used to confirm identity): Please check one of the following:

_____ American Indian or Alaskan Native _____ White, not of Hispanic Origin _____ Black, not of Hispanic Origin
_____ Asian or Pacific Islander _____ Hispanic _____ Other

Fingerprint Information. Check one of the following options:

_____ Fingerprint information is currently on file with and may be requested from: _____
Agency or District Name

_____ A recent background check was conducted by _____
Agency or District Name Date
for the purpose of the background check as required and results should be forthcoming to Dexter.

This information is to be forwarded to:

Dexter Community Schools Human Resources
Fingerprint Processing
2704 Baker Road
Dexter, MI 48130

Or fax to: 734-424-4108 (confidential fax)

I hereby authorize the release of information concerning the status of my fingerprint records and results to the Dexter Community Schools.

Signature

Date

****REVERSE SIDE OF THIS FORM MUST BE COMPLETED****

OFFICE USE: STATE: _____ DISTRICT: _____

PART II
CONDITIONAL EMPLOYMENT STATEMENT

Pursuant to 1993 Public Act 68, I represent that: *(check one)*

- _____ 1. I have NOT BEEN CONVICTED of, or pled guilty or nolo contendere (no contest) to any crimes.
- _____ 2. I HAVE BEEN CONVICTED of or PLED GUILTY or NOLO CONTENDERE (no contest) to the following crime (s):

Explain nature of conviction, date and court. Use a separate sheet of paper if necessary.

I understand and agree that pursuant to 1993 Public Act 68:

the Board of Education of the school district or governing body of the nonpublic school (the "District") must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police.

until that report is received and reviewed by the District, I am regarded as a conditional Employee; and

if the report received from the Department of State Police is not the same as my representation (s) above respecting either the absence or any condition (s) or any crimes of which I have been convicted, my employment contact is voidable at the option of the District.

Signature

Date