



EDISON TOWNSHIP PUBLIC SCHOOLS

SUBSTITUTE TEACHER

Paperwork Checklist

- | | |
|---|--------------------------|
| Applitrack Application Printed | <input type="checkbox"/> |
| Oath of Allegiance | <input type="checkbox"/> |
| County Substitute Application | <input type="checkbox"/> |
| Money Order for Certification (\$125.00) | <input type="checkbox"/> |
| Transcripts and/or Evaluation of Transcripts | <input type="checkbox"/> |
| Fingerprint Approval (New/Archived) | <input type="checkbox"/> |
| Employment Eligibility (I - 9) | <input type="checkbox"/> |
| County Certificate or Teaching Certificate (Copy) | <input type="checkbox"/> |
| Social Security Card and Second ID (Copy) | <input type="checkbox"/> |
| W - 4 | <input type="checkbox"/> |
| Payroll Survey | <input type="checkbox"/> |
| Mantoux Results | <input type="checkbox"/> |
| Human Resources information Form | <input type="checkbox"/> |
| Substitute Availability | <input type="checkbox"/> |
| Substitute Performance Evaluation | <input type="checkbox"/> |
| Board Policies, Regulations/Mandated Communications | <input type="checkbox"/> |
| RICE Notice | <input type="checkbox"/> |
| Sexual Misconduct/Abuse Disclosure | <input type="checkbox"/> |
| Residency Requirement | <input type="checkbox"/> |

Before submitting your paperwork, please check that all paperwork is completely filled out and the information is accurate.

Please bring all completed paperwork to:

Education Center--Edison Board of Education

312 Pierson Avenue

Edison, New Jersey 08837

Monday - Friday 8:30am - 11:30am

Note: A Social Security Card and Valid photo ID is required when submitting the paperwork.



Edison Township Public Schools

312 Pierson Avenue
Edison, New Jersey 08837

Welcome!

If you are interested in being a substitute teacher with the Edison Township Public Schools, you must have a New Jersey Certification in teaching or a State of New Jersey Substitute Teacher's Credential.

If you are applying for a Substitute Teacher's Credential, you must have **OFFICIAL TRANSCRIPTS** (60 College Credits) sent to:

Edison Board of Education
312 Pierson Avenue
Edison, New Jersey 08837
Attn: Human Resources/Substitutes

All completed **paperwork** should be returned to:

The Education Center --Edison Board of Education
312 Pierson Avenue
Edison <new Jersey 08837
Attn: Lisa LaPlant/Substitutes

Please note: a **\$125.00 MONEY ORDER MADE PAYABLE TO THE COMMISSIONER OF EDUCATION** must accompany the paperwork. The money order will go to the Middlesex County Office of the Department of Education along with your official transcripts. A Substitute Teacher's Credential will be mailed to you. This credential will be valid for five (5) years.

If your Substitute Teacher's Credential has expired, you must have the original certificate, application for certification, Oath of Allegiance, and a \$125.00 Money order made payable to the commissioner of Education.

If you are New Jersey State Certified, your original certificate must be seen when your substitute paperwork is returned.

ONLINE EMPLOYMENT APPLICATION

Substitute applicants are required to complete an Online Employment Application. Please follow the steps below to access and complete the application. **This must be done before returning your paperwork to the district.**

1. Access www.applitrack.com/edison/onlineapp.
2. **Click: Start an Application for Employment.**
3. If you are new to the system, **Click: Start**
4. If you already have a user id, **Click: Login**
5. Follow the prompts and complete the remaining application pages.
6. **SKIP** the Vacancy Desired Screen.
7. On the Position Desired Screen, **Click: Substitute Teacher under the Substitute Category.**
8. Complete the remainder of the application pages.
9. Ensure you complete all of the required screens.
10. At the end of the application, you will receive a confirmation that your application was submitted.

Oath of Allegiance/Verification of Accuracy

Non-Citizen Oath/ Non-Citizen Affidavit of

Intent

If you are a citizen of the United States please complete the Oath of Allegiance/Verification of Accuracy form.

If you are not a citizen of the United States please complete both the Non-Citizen Oath of Allegiance as well as the Non-Citizen Affidavit of Intent to become a citizen. Both forms must be completed.

Please ensure the form(s) are notarized before returning to the Education Center with your paperwork. Notaries are not always available and will delay your paperwork from being approved and completed.

OATH OF ALLEGIANCE / VERIFICATION OF ACCURACY**IMPORTANT: This form is to be completed by only those individuals who are U.S. citizens. See Section B below.****A. Basic Information** Please print your name as it appears on any documentation that you are required to submit

Last Name First Name Middle Name or Initial

Street Address

City

State

Zip

Social Security Number

Date of Birth: Month

Day

Year

Tracking Number

Email Address

Phone Number Including Area Code

Are you applying for the New Charter School Certificates? Circle whichever applies YES NO

Are you a military veteran? Circle whichever applies YES NO

Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.

Code

Name of Endorsement

B. Oath of Allegiance Choose one of the following.**Option I**

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people, so help me God.

Option II

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people.

C. Certification Failure to complete these items will result in rejection of the candidate's application for certification.

Circle whichever applies

1. Have you ever been convicted of, pled guilty, no contest or *nolo contendere* to, or had adjudication withheld to a crime or offense, including DUI, in New Jersey or any other state or jurisdiction? If yes, complete and submit a Criminal/Offense Information Form. Yes No

2. Have you ever had an education or other professional certificate, license or credential revoked, suspended, invalidated or denied for cause in New Jersey or any other state or jurisdiction? * Yes No

3. Have you ever surrendered or relinquished an education or other professional certificate, license or credential in New Jersey or any other state or jurisdiction? * Yes No

4. Are you the subject of any pending action or proceedings against your education or other professional certificate(s), license(s) or credential(s) in New Jersey or any other state or jurisdiction? * Yes No

5. Have you ever resigned, retired or been dismissed or suspended from an education-related position in New Jersey or any other state or jurisdiction following allegations of misconduct? * Yes No

6. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction? * Yes No

* If any answer to Questions 2 through 6 is "yes," complete and submit an Additional Information For the Oath of Allegiance Form.

D. Verification of Accuracy

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)

Date

Sworn and subscribed to before me this _____ day of _____, 20____

Notary Seal

Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education
Office of Certification and Induction
P.O. Box 500
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy

NON-CITIZEN OATH OF ALLEGIANCE**IMPORTANT: This form is to be completed by only those individuals who are NOT U.S. citizens.****A. Please print your name as it appears on any documentation that you are required to submit.**

Last Name	First Name	Middle Name/Initial		
Street Address				
City		State	Zip	
Social Security Number	Date Of Birth	Month	Day	Year
E-mail Address	Phone Number	Area Code		

Endorsement Information. Please enter below the code and print the name of the each endorsement for which you are applying.

Endorsement Code	Endorsement Name
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B. Oath of Allegiance – choose one of the options below. (To be subscribed to by non-citizens pursuant to N.J.S.A. 18A: 26-9.)

Option I

I, _____ do solemnly swear, (or affirm) that, during the period of my employment, I will support the Constitution of the United States and the Constitution of the State of New Jersey, so help me God.

Option II

I, _____ do solemnly swear, (or affirm) that, during the period of my employment, I will support the Constitution of the United States and the Constitution of the State of New Jersey.

C. Certification *Failure to complete these items will result in rejection of the candidate's application for certification.*

Circle whichever applies

1. Have you ever been convicted of, pled guilty, no contest or *nolo contendere* to, or had adjudication withheld to a crime or offense, including DUI, in New Jersey or any other state or jurisdiction? If yes, complete and submit a Criminal/Offense Information Form. Yes No

2. Have you ever had an education or other professional certificate, license or credential revoked, suspended, invalidated or denied for cause in New Jersey or any other state or jurisdiction? * Yes No

3. Have you ever surrendered or relinquished an education or other professional certificate, license or credential in New Jersey or any other state or jurisdiction? * Yes No

4. Are you the subject of any pending action or proceedings against your education or other professional certificate(s), license(s) or credential(s) in New Jersey or any other state or jurisdiction? * Yes No

5. Have you ever resigned, retired or been dismissed or suspended from an education-related position in New Jersey

or any other state or jurisdiction following allegations of misconduct? *

Yes

No

6. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction? *

Yes

No

* If any answer to Questions 2 through 6 is "yes," complete and submit an Additional Information For the Oath of Allegiance Form.

D. Verification of Accuracy

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)

Date

Sworn and subscribed to before me this _____ day of _____, 20____

Notary Seal

Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education
Office of Certification and Induction
P.O. Box 500
Trenton, New Jersey 08625-0500

Attention: Non-Citizen Oath of Allegiance

Revised 04/04/2016

New Jersey State Department of Education
Office of Certification and Induction

NON-CITIZEN AFFIDAVIT OF INTENT TO BECOME A CITIZEN

IMPORANT: This form is to be completed by only those individuals who are not U.S. citizens.

A. Basic Information *Please print your name as it appears on any documentation that you are required to submit*

Last Name First Name Middle Name or Initial

Street Address

City State Zip

Social Security Number Date of Birth: Month Day Year

Email Address Phone Number Including Area Code

B. Oath of intent to become a citizen of the United States

I, _____, being of adult age and duly sworn upon my oath do depose (or hereby affirm) and say that:

- a) I make this affidavit to clarify my citizenship status in order to be eligible for licensure by the New Jersey State Board of Examiners.
- b) I seek licensure for employment as a _____.
- c) I am currently a citizen of _____.
- d) I intend to become a citizen of the United States within the next five (5) years. I expect to become a United States citizen by _____.
- e) I understand that only two renewals of my non-citizen certificate are possible, for five years each, and that each renewal depends on demonstrating that my application for United States citizenship is in process.
- f) My current status in this country is that of _____.

C. Certification *Failure to complete these items will result in rejection of the candidate's application for certification.*

Have you ever had a certificate revoked or suspended in this or any state?

Circle whichever applies

If yes, enclose a statement indicating the action taken and provide the pertinent details.

Yes No

Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details.

Circle whichever applies

Yes No

D. Verification of Accuracy: I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)

Date

Sworn and subscribed to before me this _____ day of _____, 20____

Notary Seal

Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education
Office of Certification and Induction
P.O. Box 500
Trenton, New Jersey 08625-0500

Attention: Non-Citizen Affidavit of Intent

(REV. 10.15.14)
STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION
DIVISION OF FIELD SERVICES AND OFFICE OF CERTIFICATION AND INDUCTION
SUBSTITUTE CREDENTIAL APPLICATION COUNTY: _____

NOTE: THIS APPLICATION MUST BE TRANSMITTED TO THE COUNTY OFFICE IN WHICH THE SPONSORING DISTRICT IS LOCATED

This credential will be issued for a five-year period, but the holder may serve for no more than 20 total instructional days in the same position in one school district during the school year unless approved by the Executive County Superintendent for an additional 20 instructional days pursuant to N.J.A.C. 6A: 9B-6.5(b). Such credentials, which are issued by the Executive County Superintendent of Schools under the authority of the State Board of Examiners, are designed only for emergency purposes when the supply of properly certificated substitutes is inadequate to staff a school. They are intended only for persons temporarily performing the duties of a fully certificated and regularly employed teacher.

TO BE COMPLETED BY APPLICANT -- Please Type or Print Clearly

Name _____ Social Security # _____
(First) (Middle/Maiden) (Last)

Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ E-Mail Address _____ Telephone _____

Are you a citizen of the United States? Yes ☐ No ☐

If no, have you filed an Affidavit of Intent to Become a Citizen? Yes ☐ No ☐

If yes, Alien Registration # _____

NOTE: The Affidavit of Intent to Become a Citizen is **not** a requirement for the substitute credential.

Have you ever been convicted of a crime in this or any other state? Yes ☐ No ☐

If yes, give the name of the municipality and attach statement giving details.

Have you ever had an educator's certificate revoked or suspended in this or any other state? Yes ☐ No ☐

If yes, attach statement giving details.

Have you taken the Oath of Allegiance? Yes ☐ No ☐

EDUCATION

Regionally-Accredited College Name	Location	Degree / Degree Date	Major	# Credits
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WORK EXPERIENCE (teaching)

I certify that the above statements and data are correct: _____

(Signature of Applicant)

(Date)

FOR DISTRICT OR DISTRICT DESIGNEE* USE: AFFIRMING TRANSMITTAL OF APPLICATION

Bernard F. BRAGEN, JR.

Print Name of District Representative or District Designee Representative

Bernard F. Bragen Jr.

Signature of District Representative or District Designee Representative

Edison Public Schools

Name of District for Which Application is Transmitted

Date

Name Vendor / Firm if Transmitted by Designee

*District designee is defined as a vendor / firm that contracts with the district for this purpose.

FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION

☐ Application ☐ Oath ☐ Transcripts ☐ Fee

Date of Criminal History Approval if applicable _____ or

Date of Emergent Hire Approval if applicable _____

CERTIFICATE # _____

DATE OF ISSUE _____

VOCATIONAL / SCHOOL NURSE APPLICATION

☐ For vocational applicants/notarized statement of previous employment or valid occupational license.

☐ RN License # _____ Exp. Date _____

EDISON TOWNSHIP SCHOOL DISTRICT
INSTRUCTIONS FOR COMPLETING THE FINGERPRINT PROCESS
NEW ADMINISTRATION FINGERPRINT PROCESS

If you have never been fingerprinted for the NJ Department of Education, please follow the attached instructions to process your New Administration Fee Request.

WEBSITE FOR NEW ADMINISTRATION FEE REQUEST (NEW APPLICANTS ONLY):

www.nj.gov/education/crimhist/

COUNTY NAME: MIDDLESEX (23)

DISTRICT NAME: EDISON (1290)

Once you have completed the online request:

1. Please forward a copy (attach in email or mail) of the New Administration Fee confirmation page and the IdentoGO NJ fingerprint form with receipt attached from MorphoTrust.
2. To check on the status of the criminal history application, please go to:
<https://homeroom5.doe.state.nj.us/chrs18/?app-emp-history>
3. Once approved, the *Applicant Approval Employment History* Page will reflect Edison's County code (23) and District code (1290) next to the *Approval Date*.
4. Substitutes will include this *Applicant Approval Employment History* page when they return the completed Substitute Packet.
5. Contracted Employees should attach in an email or mail the *Applicant Approval Employment History* page to Human Resources.

Instructions for New Applicants

1. Access the Office of Student Protection's direct web address to begin the process. Click on [Office of Student Protection](#). Click on **"File Authorization and Make Electronic Payment."**
2. Select the first option: **"New Administration Fee Request (New Applicants Only)"** and enter your Social Security number to ascertain if you are eligible for the process. The screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.
3. Complete the requested applicant information to include the county, district, school or contractor code names furnished to you by your employer) and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the Applicant Authorization and Certification form by checking the box.
4. Please complete the required payment information. There is a \$10.00 administrative fee for the department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.

You must click the **"Make Payment"** button only one time to complete the transaction.

5. After completing the transaction, you will be presented with three required steps:
 1. View and/or print your New Administration Fee Payment Request confirmation page
 2. View and/or print your IdentoGO NJ Universal Fingerprint Form
 3. Click here to schedule your fingerprinting appointment with Idemia
6. Select the first option **"View and/or print your New Administration Fee Payment Request confirmation page"** and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.
7. Next select the second option **"View and/or print your IdentoGO NJ Universal Fingerprint Form."** You must print the IdentoGO NJ Fingerprint Form to use when making your fingerprint appointment and to present it to Idemia at the time of LiveScan fingerprinting.
8. Access the Idemia web page by selecting the third option **"Click here to schedule your fingerprinting appointment with Idemia"** or calling 1-877-503-5981 to schedule a fingerprinting appointment. Effective February 17, 2020, you must use the chart below to choose your Service Code to schedule the appointment.

REASON FOR FINGERPRINTING (Box 4 on the NJ Universal Fingerprint Form)	SERVICE CODE
PUBLIC SCHOOL EMPLOYMENT	2F1FB1
NONPUBLIC SCHOOL EMPLOYMENT	2F19ZQ
SCHOOL BUS DRIVER EMPLOYMENT	2F1GSH
SCHOOL BOARD MEMBER/TRUSTEE	2F1GN4
DOE VOLUNTEER	2F151N
DOE VOLUNTEER NONPUBLIC	2F14XX

9. In about two weeks after you get fingerprinted, you will be able to view and print your **"Applicant Approval Employment History"** by accessing the Office of Student Protection website. Give a copy to your employer.

Archive Applicant Request

1. Access the Criminal History Review Archive process.
2. Select the second option: "Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)."
3. Enter your Social Security number to ascertain if you are eligible for the process. Click "**Continue**."
4. Select the appropriate Applicant Authorization and Certification form (AA&C) that is suitable to your job position and employer.
5. Complete the requested applicant information to include the county/district/school/ contractor codes furnished to you by your employer and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box. Click "**Next**"
6. Submit your credit card payment. Total payment is \$28.50 (\$27.50 plus a \$1.00 convenience fee charged by the private vendor). Click "**Continue**" and then click "**Make Payment**" at the bottom of the next page.
7. The Payment Confirmation page will state "**Your ePayment transaction has been processed successfully.**" You should print a copy of this receipt.
8. In about two weeks, you will be able to view and print your "**Applicant Approval Employment History**" by accessing it on the Criminal History Review Unit website. Provide a copy to your employer.

I9 Instructions

1. Please complete Section 1 and choose the correct Citizenship/Immigration status .
2. Sign and date form.
3. Please bring in your Social Security Card.
4. Also needed is a Valid Photo ID.
5. Leave page 2 of the I9 document blank.



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<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 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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

W4 Instructions

- Please complete Step 1, 2-4 if they apply to you and Step 5 on the form.

STATE OF NEW JERSEY WITHHOLDING FORM

- Please complete numbers 1 -7 if they apply to you and sign the form

**Please note we cannot advise you on what to enter. If you are unsure please discuss with a relative or tax accountant.*

Employee's Withholding Certificate

OMB No. 1545-0074

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ► **Give Form W-4 to your employer.**
 ► **Your withholding is subject to review by the IRS.**

2020**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ► \$		
	Multiply the number of other dependents by \$500 ► \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

► Employee's signature (This form is not valid unless you sign it.) ► Date

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet *(Keep for your records.)*

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____
- 5** Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

State of New Jersey - Division of Taxation Employee's Withholding Allowance Certificate

1. SS# Name Address <table style="width:100%;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip</td> </tr> </table>			City	State	Zip	2. Filing Status: (Check only one box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union Couple Joint 3. <input type="checkbox"/> Married/Civil Union Partner Separate 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner	
City	State	Zip					
3. If you have chosen to use the chart from Instruction A, enter the appropriate letter here			3.				
4. Total number of allowances you are claiming (see instructions)			4.				
5. Additional amount you want deducted from each pay			5. \$				
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here ...			6.				
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.							
Employee's Signature			Date				
Employer's Name and Address			Employer Identification Number				

BASIC INSTRUCTIONS

- Line 1 Enter your name, address and social security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.
- Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see Instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
- Your filing status is **SINGLE or MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
 - Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable non wage income will be \$20,000 or less for the current year.
 - Your filing status is **HEAD OF HOUSEHOLD or QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.
- Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

WAGE CHART

Total of All Other Wages		0	10,001	20,001	30,001	40,001	50,001	60,001	70,001	80,001	90,001	OVER
		10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000	110,000
Y O U R W A G E S	0	B	B	B	B	B	B	B	B	B	B	B
	10,001	B	B	B	B	C	C	C	C	C	C	C
	20,001	B	B	B	A	A	D	D	D	D	D	D
	30,001	B	B	A	A	A	A	A	E	E	E	E
	40,001	B	C	A	A	A	A	A	E	E	E	E
	50,001	B	C	D	A	A	A	E	E	E	E	E
	60,001	B	C	D	A	A	E	E	E	E	E	E
	70,001	B	C	D	E	E	E	E	E	E	E	E
	80,001	B	C	D	E	E	E	E	E	E	E	E
	90,001	B	C	D	E	E	E	E	E	E	E	E
	over 100,001	B	C	D	E	E	E	E	E	E	E	E

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE "A"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over	Of Excess Over		Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 673	\$ 5.77 + 2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 673	\$ 769	\$ 11.54 + 3.9%	\$ 673	\$ 35,000	\$ 40,000	\$ 600.00 + 3.9%	\$ 35,000
\$ 769	\$ 1,442	\$ 15.29 + 6.1%	\$ 769	\$ 40,000	\$ 75,000	\$ 795.00 + 6.1%	\$ 40,000
\$ 1,442	\$ 9,615	\$ 56.35 + 7.0%	\$ 1,442	\$ 75,000	\$ 500,000	\$ 2,930.00 + 7.0%	\$ 75,000
\$ 9,615	\$ 96,154	\$ 628.46 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 32,680.00 + 9.9%	\$ 500,000
\$ 96,154		\$ 9,195.77 + 15.6%	\$ 96,154	\$ 5,000,000		\$ 478,180.00 + 15.6%	\$ 5,000,000

RATE "B"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over	Of Excess Over		Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 962	\$ 5.77 + 2.0%	\$ 385	\$ 20,000	\$ 50,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 962	\$ 1,346	\$ 17.31 + 2.7%	\$ 962	\$ 50,000	\$ 70,000	\$ 900.00 + 2.7%	\$ 50,000
\$ 1,346	\$ 1,538	\$ 27.69 + 3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$ 1,440.00 + 3.9%	\$ 70,000
\$ 1,538	\$ 2,885	\$ 35.19 + 6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$ 1,830.00 + 6.1%	\$ 80,000
\$ 2,885	\$ 9,615	\$ 117.31 + 7.0%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,100.00 + 7.0%	\$ 150,000
\$ 9,615	\$ 96,154	\$ 588.46 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 30,600.00 + 9.9%	\$ 500,000
\$ 96,154		\$ 9,155.77 + 15.6%	\$ 96,154	\$ 5,000,000		\$ 476,100.00 + 15.6%	\$ 5,000,000

RATE "C"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over	Of Excess Over		Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 769	\$ 5.77 + 2.3%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 + 2.3%	\$ 20,000
\$ 769	\$ 962	\$ 14.62 + 2.8%	\$ 769	\$ 40,000	\$ 50,000	\$ 760.00 + 2.8%	\$ 40,000
\$ 962	\$ 1,154	\$ 20.00 + 3.5%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,040 + 3.5%	\$ 50,000
\$ 1,154	\$ 2,885	\$ 26.73 + 5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,390.00 + 5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$ 123.65 + 6.6%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,430.00 + 6.6%	\$ 150,000
\$ 9,615	\$ 96,154	\$ 567.88 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 29,530.00 + 9.9%	\$ 500,000
\$ 96,154		\$ 9,135.19 + 15.6%	\$ 96,154	\$ 5,000,000		\$ 475,030.00 + 15.6%	\$ 5,000,000

RATE "D"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over	Of Excess Over		Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 769	\$ 5.77 + 2.7%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 + 2.7%	\$ 20,000
\$ 769	\$ 962	\$ 16.15 + 3.4%	\$ 769	\$ 40,000	\$ 50,000	\$ 840.00 + 3.4%	\$ 40,000
\$ 962	\$ 1,154	\$ 22.69 + 4.3%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,180.00 + 4.3%	\$ 50,000
\$ 1,154	\$ 2,885	\$ 30.96 + 5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,610.00 + 5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$ 127.88 + 6.5%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,650.00 + 6.5%	\$ 150,000
\$ 9,615	\$ 96,154	\$ 565.38 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 29,400.00 + 9.9%	\$ 500,000
\$ 96,154		\$ 9,132.69 + 15.6%	\$ 96,154	\$ 5,000,000		\$ 474,900.00 + 15.6%	\$ 5,000,000

RATE "E"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)				ANNUAL PAYROLL PERIOD (Allowance \$1,000)			
If the amount of taxable wages is:		The amount of income tax to be withheld is:		If the amount of taxable wages is:		The amount of income tax to be withheld is:	
Over	But Not Over	Of Excess Over		Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 673	\$ 5.77 + 2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 673	\$ 1,923	\$ 11.54 + 5.8%	\$ 673	\$ 35,000	\$ 100,000	\$ 600.00 + 5.8%	\$ 35,000
\$ 1,923	\$ 9,615	\$ 84.04 + 6.5%	\$ 1,923	\$ 100,000	\$ 500,000	\$ 4,370.00 + 6.5%	\$ 100,000
\$ 9,615	\$ 96,154	\$ 584.04 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 30,370.00 + 9.9%	\$ 500,000
\$ 96,154		\$ 9,151.35 + 15.6%	\$ 96,154	\$ 5,000,000		\$ 475,870.00 + 15.6%	\$ 5,000,000

Payroll Survey Instructions

1. Please print your name and social security number.
2. Leave Date Hired blank.
3. Answer Yes or No to numbers 1 through 3, check pension plan if applicable.
4. Sign and date bottom of the form.

EDISON PUBLIC SCHOOLS

PAYROLL SURVEY FOR ALL NEW EMPLOYEES

Name: _____

Print

Social Security # _____

Date Hired: _____

1. Are you an active member of A NJ State Administered Pension Plan?

Yes _____ No _____

If yes, check which fund you are a member of:

TPAF	_____	SPRS	_____
PERS	_____	JRS	_____
PFRS	_____		

2. Are you already a member of the Pension System with another employer?

If yes, call the Payroll Department.

Yes _____ No _____

3. Are you receiving pay/benefits/distribution from any NJ State Administered Pension Plan, the Alternate Benefit Plan (ABP) or the Defined Contribution Retirement Program (DCRP) at this time?

Yes _____ No _____

If yes, check which fund or plan you are receiving pay/benefits/distribution from:

TPAF	_____	SPRS	_____	PERS	_____
JRS	_____	PFRS	_____	ABP	_____
DCRP	_____				

This information is necessary to avoid any possible penalties due to late enrollment, and ensure the accuracy of your existing pension or retirement account(s).

If you have any questions about this form, please call the Payroll Department.

Employee Signature

Date

The Mantoux Test is Mandatory

Please use the attached form to complete your Mantoux (TB) test.

- We only require the Mantoux section of the form to be completed, a physical is not necessary, which would be at your discretion.
- If the location has their own form you can submit that instead of our blue medical form.
- The doctor's office must notarize or stamp the bottom of the form if you are not attaching a doctor's note.

If the test is positive, please ensure that you supply us with a chest X-Ray showing clear results.

If you are getting a blood test done, we need the lab results.

If you had a TB test done within 6 months of returning these forms, you can bring those results.

PUBLIC SCHOOLS OF EDISON TOWNSHIP

HUMAN RESOURCE DEPARTMENT

CERTIFICATE OF HEALTH

Name: _____

DOB: _____

Address: _____

Phone: _____

PAST HISTORY: Have you had any serious illness/injuries: _____

Have you had any of the following:

Tuberculosis _____	Fractures _____	Pneumonia _____	Diabetes _____
Tumors _____	Skin Disease _____	Dysentery _____	Venereal Disease _____
Allergies _____	Sciatica _____	Injuries _____	Nervous Breakdown _____
Lumbago _____	Kidney Disease _____	High Blood Pressure _____	Epilepsy _____
Arthritis _____	Back Strain _____	Fainting Spells _____	Rheumatic Fever _____
Heart Disease _____	Hernia _____		

PRESENT COMPLAINTS:

Do you have any complaints now? _____

Do you have any of the following:

Shortness of Breath _____	Dizziness _____	Cough _____	Headaches _____
Frequent Colds _____	Difficulty w/Vision _____	Difficulty w/Urination _____	Deafness _____
Back Pain _____	Pain in Extremities _____	Abdominal Pain _____	Allergies _____

To be completed by Physician:

Date of Examination: _____

General Appearance: _____

Height: _____ Weight: _____

Allergies: _____

Pulse: _____ Respiration: _____

B/P: _____

Mantoux Test: (MANDATORY) Date Given: _____

Result: _____ MM

If positive, chest X-Ray Date Read: _____

Result: _____ INH Preventative Therapy: Y or N

Adult vaccinations (e.g. Td, Hepatitis B, etc.) Specify dates: _____

SYSTEM	Normal		If abnormal, comments:
	Yes	No	
Skin			
Eyes/Vision			
Ears/Hearing			
Nose			
Throat/Dental			
Cardiovascular			
Respiratory			
Gastro Intestinal			
Genito-Urinary			
Neurological			
Musculoskeletal			
Other			

Summary of Findings: _____

I hereby certify that I have examined _____ and find this person free of any contagious or infectious disease and able to perform all the duties usually required of an employee.

Print Name: _____

Signature: _____

Address: _____

Telephone: _____ Fax: _____

/hr_forms/cert of health

Revised: 21011_kmd

Date: _____

**EDISON TOWNSHIP SCHOOLS
HUMAN RESOURCES INFORMATION FORM**

S.S.# _____ - _____ Last Name: _____ First Name _____ M.I. _____

Street Address _____

City _____

State _____

Zip _____

Former Name (If applicable) _____ Birthdate: ____/____/____

Cell Phone () _____ - _____ Home Phone () _____ - _____

E-Mail _____ Circle Marital Status: Single or Married

Gender: M _____ F _____

Circle Race: WH=White, BL=Black, HS=Hispanic, AI=American Indian, AS=Asian,
HP=Pacific Islander/Hawaiian

Emergency Contact Phone () _____ - _____

Contact Name: _____ Relationship: _____

1. Are you presently employed elsewhere in the district? () No () Yes (If yes, indicate Position/Location): _____

2. List any language other than English that you speak fluently: _____

3. What is the highest level of education you have completed (circle one):

High School

Specialist's Degree

Associate's Degree

Master's Degree

Other

Vocational Certificate

Graduate Certificate

Bachelor's Degree

Doctoral Degree

4. Total number of years that a staff member has previously held a position in one or more PUBLIC education institutions OUTSIDE OF THE STATE OF NEW JERSEY.

5. Total number of years that a staff member has held a position in a public school WITHIN NEW JERSEY ONLY. (Include time in Edison)

6. Total number of years that a staff member has held a position within EDISON ONLY.

CERTIFIED STAFF ONLY

7. Have you ever been awarded a National Board Certification? (Circle one & provide documentation): Yes or No

8. Are you an Alternate Route or Traditional Route Teacher?

- ☐ Traditional Route (I went to college for my certificate & Completed Student Teaching/Internship, etc.)
☐ Alternate Route

For those that checked **TRADITIONAL ROUTE**:

What institute (school) did you receive your credential (if college/university is outside of NJ, please include State)

For those that checked **ALTERNATE ROUTE**:

What alternate route program did you receive your credential? (Be Specific as to program and location. (Ex. New Pathways Program, State Run Regional Training Center, etc.)

Substitute Availability

Instructions

1. Print your name, address, social security number and the phone number that you want AESOP to call in the morning and at night with job availabilities.
2. The phone number you enter will be your log in ID for AESOP.
3. The last 4 digits will be your Password for AESOP.
4. You will receive an email the day after you are approved on the agenda with both log in ID and Password for AESOP.
5. Complete entire form, no signature is required.

PUBLIC SCHOOLS OF EDISON TOWNSHIP
312 PIERSON AVE.
EDISON, NJ 08837

SUBSTITUTE AVAILABILITY

NAME: _____ PHONE NUMBER: _____
Aesop ID # is your ten digit phone number

ADDRESS: _____

SOCIAL SECURITY # _____ Aesop Pin # is the last four digits of your social security #

Do you sub with another district that uses
AESOP? Yes or No _____

County Substitute or CE Certificate: Yes or No

CEAS or Standard Certificate: Yes or No

New Jersey State Subject Area Certification: _____

PLEASE INDICATE WHERE THE FOLLOWING IS ATTENDING:

NAME OF RELATIVE _____ RELATIONSHIP _____

SCHOOL LOCATION _____

List any children attending Edison Public Schools and grade level:

Substitute Performance

Instructions

1. Please read the brief paragraph and sign the bottom of the form.

By signing the form you are acknowledging our policy regarding substitutes being evaluated at any time during their job assignment at our schools.

Three evaluations that are negative will be cause for termination from continuing to work in our district.

A substitute teacher may be removed from the district's substitute list after **ONE (1)** evaluation if the content and/or severity of the evaluation warrants.

All decisions are final.

PUBLIC SCHOOLS OF EDISON TOWNSHIP
312 PIERSON AVE.
EDISON, NJ 08837

SUBSTITUTE PERFORMANCE EVALUATION

Substitutes shall be evaluated on an assignment basis by the building principal using information received from the teacher absent and/or Department Supervisor. If the principal requests a substitute not be assigned to his/her school the request shall be honored. If a substitute receives THREE such reports from one or more principals he/she shall be removed from the Edison Township Substitute List unless the nature of their behavior warrants immediate dismissal, as determined by the administration.

I understand and accept the Substitute Performance Evaluation Process as described above, and if I so choose may have a conference with the principal concerning the evaluation.

SIGNATURE

DATE

PUBLIC SCHOOLS OF EDISON TOWNSHIP
INTEROFFICE MEMORANDUM

To: Substitute Staff
From: Human Resources
Re: Important Board Policies, Regulations, and Mandated Communications
Date: 2020 – 2021 School Year

All Board of Education ("Board") employees are expected to review and become familiar with all Board policies and regulations. Updated versions of these policies and regulations are available on the Board's website at <https://www.edison.k12.nj.us/board-of-education/district-policy> and are accessible by way of any computer with internet access. Additionally, the Board shall notify all employees of changes or additions to existing or new Board Policies and the effective date of said policies in a timely manner. Employees who are unable to access the internet and/or are unable to print copies of such policies may obtain them from their building principal or supervisor as the case may be.

- Section 504 of the Rehabilitation Act of 1973 & the Americans with Disabilities Act of 1990 (1510)
- Affirmative Action Program/Equal Employment Opportunities (1140, 1530, 1550, 2260)
- Residency Requirement for Person Holding School District Office, Employment, or Position (1631)
- Use of Social Networking Sites (3282, 4282)
- Electronic Communications Between Staff Members and Students (3283, 4283)
- Assignment/Transfers (3134)
- Non-Renewal/Dismissal (3142, 3143, 4140, 4146)
- Arrest Reporting Requirements for Staff (N.J.A.C 6A:9-17.1(c)) (3159, 4159)
- Inappropriate Staff Conduct/Code of Ethics (3281, 4281, 3211, 4215)
- Attendance (3212, 4211)
- Dress & Grooming (3216)
- Substance Abuse Policy/Drug Free Workplace (3218, 4218, 4219, 7436)
- Non-Tenured & Tenured Staff Evaluations (3221, 3222, 3223, 3224, 4220)
- Outside Activities/Conflict of Interest (3211.3, 3214, 3230, 4211.3, 4214, 4230)
- Technology/Technology Devices– Email/Internet/Computer Use Policy (2360, 2361, 3321, 4321, 7522)
- Cell Phone Policy (3322, 4322)
- Right of Privacy- Staff Members (3324, 4324)
- Healthy Workplace Environment (3351, 4351)
- Sexual Harassment (3362, 4352)
- Whistleblower Act – Conscientious Employee Protections Act (CEPA) (3381, 4381)
- Family & Medical Leave Act (Federal/NJ) (3431.1, 3431.3, 4431.1, 4431.3)
- Bloodborne Pathogens (5310, 7420)
- Harassment Intimidation & Bullying (5512, 5512.02)
- Gifts (7230)
- School Integrated Pest Management (7422)
- Smoking/Tobacco/Alcoholic Beverages Policy (7434, 7435)
- Personnel Records (8320)
- Accidents/Workers' Compensation (8442)
- Reporting Violence, Vandalism, Harassment, Intimidation, Bullying, Alcohol & Drug Abuse (8461)
- Reporting Missing or Abused Children (8462)
- Hate Crimes & Bias Related Acts/Weapons (8465, 8467)
- Visitors (9150)

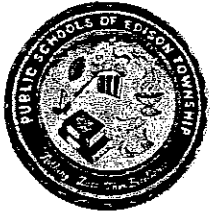
I hereby acknowledge that all Board policies and regulations can be found on the district website at <https://www.edison.k12.nj.us/board-of-education/district-policy> I agree to conform to the requirements of the policies and regulations of the Edison Township Board of Education.

Employee's Name (Print) _____

Date _____

Employee's Name (Signature) _____

**Please only return ONE
signed form.**



Public Schools of Edison Township

312 PIERSON AVENUE * EDISON, NEW JERSEY 08837
TELEPHONE (732) 452-4900 FACSIMILE (732) 452-4993

Bernard F. Bragen, Jr., Ed. D.
Superintendent of Schools

Daniel P. Michaud
Business Administrator/Board Secretary

To: New Staff
From: Human Resources
Re: RICE Notice
Date: 2020-2021 School Year

As a result of the Appellate Division decision in Kean Federation of Teachers v. Morrell, this shall serve as notice that the Board may discuss or act upon matters involving your employment at the upcoming Board of Education Meeting.

Please let us know if you have any questions. Have a great year!

Print Name

Signature

Date

Nothing Less Than Excellence

Edison Public Schools
Sexual Misconduct/Abuse Disclosure
New Jersey Public Law 2018, c.5.

Hiring school entity submits this form to ALL current employers and to former employers where the applicant had direct contact with children.

Hiring School District: Edison Public Schools ATTN: human.resources@edison.k12.nj.us
Address: 312 Pierson Ave Edison NJ 08837
Phone: 732-452-4900 ext. 4940

Section 1: Applicant certification and release (to be completed by the applicant even if the applicant has no current or prior employment to disclose).

Applicant's Name (First, Middle, Last):
Any former names by which the Applicant has been identified:
DOB:
Last 4 digits of Applicant's Social Security Number:
Position(s) Held:

Have you (Applicant) ever:

1. Yes ____ No ____ Been the subject of any child abuse or sexual misconduct investigation by the employer, law enforcement, or any state agency (unless allegations were false or the incident was not substantiated)?
2. Yes ____ No ____ Been disciplined, discharged, non-renewed, asked to resign, etc. while allegations were pending/under investigation, or due to an adjudication/finding?
3. Yes ____ No ____ Had a license/certification suspended while allegations were pending/under investigation, or due to an adjudication/finding?

Applicant Signature _____ Date _____

Residency Requirements for New Employees

In accordance with the requirements of "New Jersey First Act" (N.J.S.A. 52:14-7):

- ☐ I hereby attest that my principal residence* is located in the State of New Jersey.
- ☐ I understand that I have one year to relocate and establish my principal residence in New Jersey. Failure to do so will result in my being deemed unqualified for holding my position.

*In accordance with N.J.S.A. 52:14-7, "... a person may have only one principal residence, and the state of a person's residence means the state (1) where the person spends the majority of his or her nonworking time, and (2) which is most clearly the center of his or her domestic life and (3) which is designated as his or her legal address and legal residence for voting." The fact that a person is domiciled in this State shall not by itself satisfy the requirement of principal residency.

I also acknowledge that should my principal residence change to outside of the state anytime during my employ with the District that I must immediately notify the Office of Human Resources.

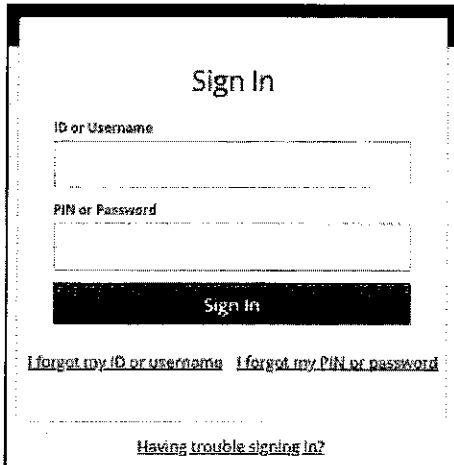
Signature

Print Name

Date



Absence Management



Sign In

ID or Username

PIN or Password

Sign In

[I forgot my ID or username](#) [I forgot my PIN or password](#)

[Having trouble signing in?](#)

SIGNING IN

Type aesoponline.com in your web browser's address bar or go to app.frontlineeducation.com if you have a Frontline Account.

The Sign In page will appear. Enter your ID/username and PIN/password and click **Sign In**.

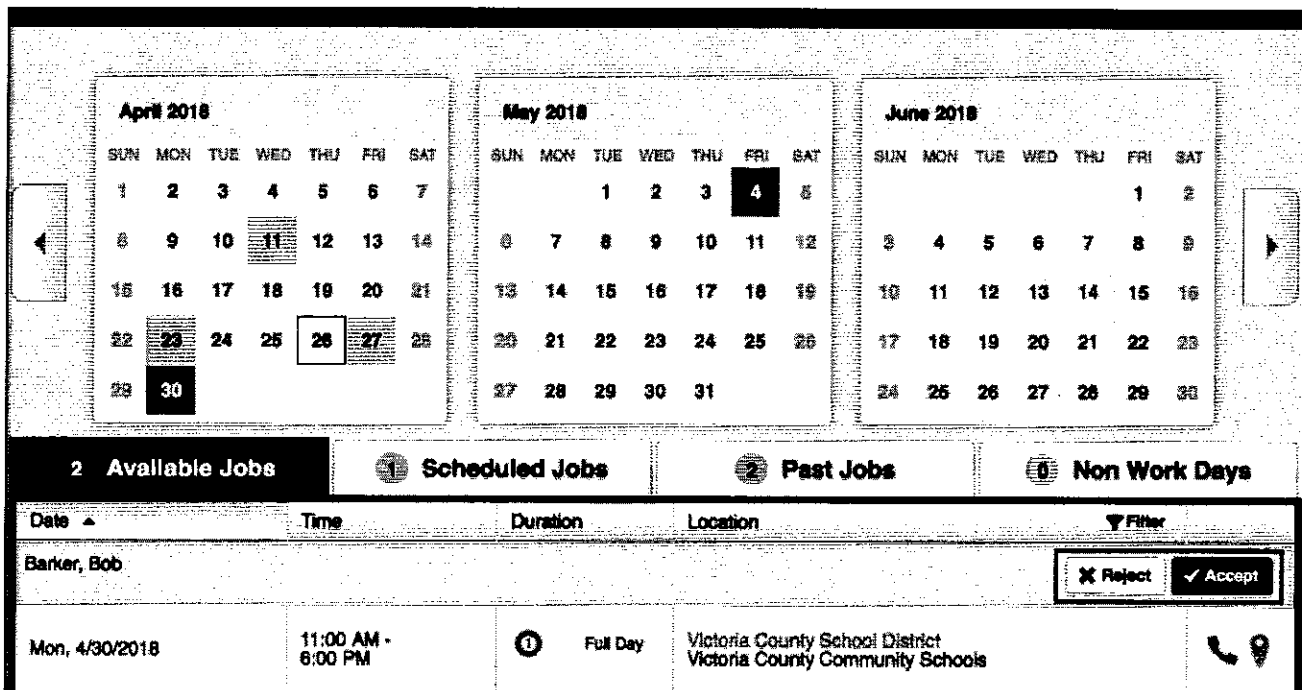
RECOVERING CREDENTIALS

If you cannot recall your credentials, use the recovery options or click the "Having trouble signing in?" link for more details.

SEARCHING FOR AVAILABLE JOBS

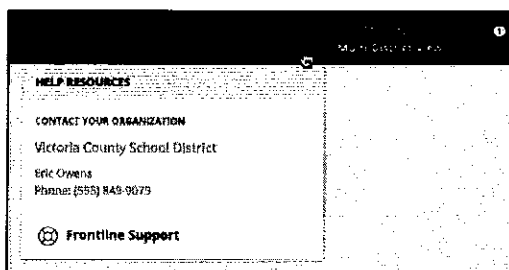
You can review available jobs directly on the homepage. These potential jobs appear in green on the calendar and in list form under the "Available Jobs" tab.

To accept a job, click the **Accept** button beside the absence (or click **Reject** to remove a job from the list).



The screenshot displays the Absence Management interface. At the top, there are three calendar views for April 2018, May 2018, and June 2018. Below the calendars, there are four tabs: "2 Available Jobs", "1 Scheduled Jobs", "2 Past Jobs", and "0 Non Work Days". The "Available Jobs" tab is selected, showing a list of jobs. The first job is for "Barker, Bob" on "Mon, 4/30/2018" from "11:00 AM - 6:00 PM" for a "Full Day" at "Victoria County School District" and "Victoria County Community Schools". There are "Reject" and "Accept" buttons for each job.

Date	Time	Duration	Location	Filter
Mon, 4/30/2018	11:00 AM - 6:00 PM	1 Full Day	Victoria County School District Victoria County Community Schools	<input type="button" value="Reject"/> <input type="button" value="Accept"/>



GETTING HELP AND TRAINING

If you have questions, want to learn more about a certain feature, or want more information about a specific topic, click **Help Resources** and select **Frontline Support**. This opens a knowledge base of help and training materials.

ACCESSING ABSENCE MANAGEMENT ON THE PHONE

In addition to web-based, system accessibility, you can also find and accept available jobs, manage personal information, change your PIN number, and more, all on the phone.

When You Call into Absence Management

To call, dial **1-800-942-3767**. You'll be prompted to enter your ID number (followed by the # sign), then your PIN number (followed by the # sign).

When calling the Absence Management system, you can:

- Find available jobs – **Press 1**
- Review or cancel upcoming jobs – **Press 2**
- Review or cancel a specific job – **Press 3**
- Review or change your personal information – **Press 4**

When the Absence Management System Calls You

If an available job has not been filled by another substitute two days before the absence is scheduled to start, the system will automatically begin to call substitutes and try to fill the job.

Keep in mind, when the system calls you, it will call about one job at a time, even if you're eligible for other jobs. You can always call in (see "When You Call into Absence Management" section above) to hear a list of all available jobs.

Note: When the system calls, be sure to say a loud and clear "Hello" after answering the call. This will ensure that the system knows you picked up the call.

When you receive a call, you can:

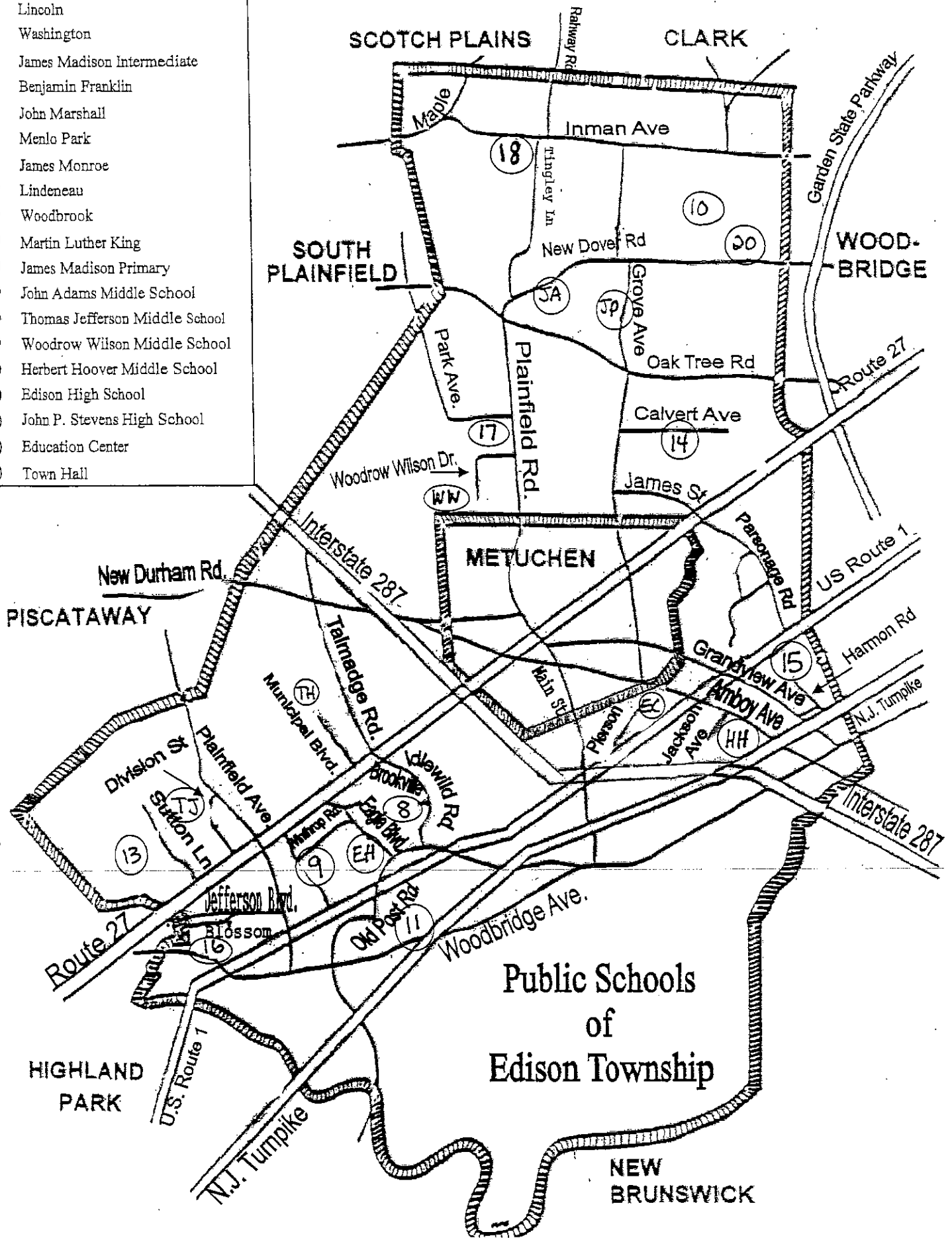
- Listen to available jobs – **Press 1**
- Prevent Absence Management from calling again today – **Press 2**
- Prevent Absence Management from ever calling again – **Press 9**

If you are interested in the available job, **Press 1**. You will be asked to enter your PIN number (followed by the # sign). The Absence Management system will list the job details, and you will have the opportunity to accept or reject the job.



LEGEND

- (8) Lincoln
- (9) Washington
- (10) James Madison Intermediate
- (11) Benjamin Franklin
- (13) John Marshall
- (14) Menlo Park
- (15) James Monroe
- (16) Lindeneau
- (17) Woodbrook
- (18) Martin Luther King
- (20) James Madison Primary
- (JA) John Adams Middle School
- (TJ) Thomas Jefferson Middle School
- (WW) Woodrow Wilson Middle School
- (HH) Herbert Hoover Middle School
- (EH) Edison High School
- (JP) John P. Stevens High School
- (EC) Education Center
- (TH) Town Hall



**BECAUSE OF SCHEDULING CONFLICTS,
PLEASE DO NOT TAKE A MORNING
ASSIGNMENT AND AN AFTERNOON
ASSIGNMENT ON THE SAME DAY IN
TWO DIFFERENT SCHOOLS**

**THE ONLY EXCEPTION WILL BE WHEN
THE AM AND PM ASSIGNMENT
IS FOR THE SAME TEACHER WHO
WORKS AT TWO DIFFERENT
SCHOOL LOCATIONS EACH DAY.**