

**Mercer County Schools - New Employee Packet**  
**530 Perryville Street, Harrodsburg Ky, 40330**

**CERTIFIED SUBSTITUTE**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Complete while you are here:**

- Copy of Driver's License & Social Security Card (Must be signed)
- Agreement for Pre-Employment Drug Test & Random Drug Testing
- AOC - Background Check (Use our payment code)
- Infinite Campus Form
- AUP Policy/ Electronic Access Form

**Must be on file before employment:**

- Child Abuse & Neglect (CAN) Check
- Identigo- Fingerprints/ FBI Criminal Check
- Drug Test

**Bring listed items and completed/signed forms:**

- Teaching Certificate and College Transcripts
- Physical Exam & TB Screening Results
- Direct Deposit Form (**Must** attach a voided check or a Facesheet from your bank)
- Tax Form Federal W-4
- Tax form State K-4
- Employment Eligibility Form (I-9)
- Statement Concerning A Job Not Covered by Social Security
- KY New Hire Form
- 6 Staff Required Online Trainings

**\*The onboarding process may take up to TWO WEEKS depending on how quickly ALL materials are submitted and test results are back. Once your file is complete, you will be contacted to pick up your:**

- Hiring Letter
- Identification Badge



## **Substitute Information**

Thank you for your interest in a substitute position for Mercer County Schools!

There are two types of substitutes in our school district: a **certified substitute** and a **classified substitute**. Applicants can apply for either position depending on their qualifications. A certified substitute is automatically eligible to substitute in a classified position, if they so desire. Please see examples below of the difference in certified and classified positions.

### **Certified Job Class examples**

Classroom Teacher

Media Specialist

### **Classified Job Class examples**

School office position/clerical

Bus Monitor

Bus Driver

Cook/Baker

Custodian

\*Instructional Assistant

\*FRYSC Clerk

\*Must pass para educator exam or have 64 college credit hours

- To apply you must be at least 21 years of age or (20 years of age with 64 college credit hours).
- All certified substitutes will need to work with the school district to apply for a substitute certificate from EPSB.
- All classified positions require a high school diploma or equivalent. \*Certain positions require additional testing/requirements.



# **NOTICE**

## **CHILD ABUSE AND NEGLECT CHECK**

As of 4-4-18, superintendents shall not employ in any position “any person who is a violent offender or has been convicted of a sex crime as defined by KRS 17.165, which is classified as a felony, or persons with a substantiated finding of child abuse or neglect in records maintained by the Cabinet for Health and Family Services.”

All new hires **MUST** submit the following:

- 1) FBI Criminal Records Check (Fingerprints)**
- 2) Child Abuse/Neglect (C.A.N.) check**
- 3) Background Check (AOC)**



Bring Back  
a copy of your  
**TEACHING  
CERTIFICATE**  
and  
**ORIGINAL  
TRANSCRIPTS**

**\*If you do not have a teaching certificate, go to the  
Kentucky Department of Education ([KDE](#))  
to register for an account. Once registered, please enter your  
ID # here: \_\_\_\_\_  
We will start an emergency certification for you.**



**AMANDA PAYTON**  
**APRN, FNP-C / District Health Coordinator**

Mercer County Health Services • 750 Tapp Rd • Harrodsburg, KY 40330

**\*TO SCHEDULE AN APPOINTMENT WITH OUR NURSE PRACTITIONER\***  
For your Physical, TB Skin Screening, and Drug Testing

**PLEASE GO TO:**

<https://provider.kareo.com/amanda-payton>



**YOUR PHYSICAL & TB SKIN SCREENING WILL BE PAID BY  
MERCER COUNTY SCHOOLS**

\*If you are unable to get an appointment with Amanda, please schedule with:

**EPHRAIM MCDOWELL HAGGIN PRIMARY CARE**

470 LINDEN AVENUE • HARRODSBURG, KY 40330 • (859)733-5864

**FOR DRUG TESTING**

- Please bring a copy of your driver's license with you to your appointment.
- Make sure you are hydrated so you can provide a urine sample.
- If you have a prescription for a controlled substance, please bring your latest prescription bottle with you to your appointment.



**KENTUCKY DEPARTMENT OF EDUCATION  
MEDICAL EXAMINATION OF SCHOOL EMPLOYEES\***

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M  F

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Applicant With or Employed By \_\_\_\_\_ Board of Education \_\_\_\_\_

**HISTORY**

**Medical** (All serious medical and psychiatric diseases: diabetes, epilepsy, heart disease, etc.) \_\_\_\_\_

**Surgical** (All major operations) \_\_\_\_\_

*"Per the Genetic Information Nondiscrimination Act of 2008, it is unlawful for an employer to request genetic information, genetic testing information, family medical history information, or family genetic testing information from an applicant or employee. The medical provider conducting this examination of an applicant/employee of a local school district shall not request, require or purchase this information about the applicant or employee. Any applicant or employee undergoing a medical examination for employment with a local school district shall not provide this information to the medical provider or the school district."*

**PHYSICAL**

- 1. General Appearance \_\_\_\_\_
- 2. Eyes \_\_\_\_\_
- 3. Ears, Nose & Throat \_\_\_\_\_
- 4. Teeth & Gums \_\_\_\_\_
- 5. Thyroid \_\_\_\_\_
- 6. Heart \_\_\_\_\_
- 7. Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_
- 8. Lungs \_\_\_\_\_
- 9. Abdomen \_\_\_\_\_
- 10. Nervous System \_\_\_\_\_
- 11. Extremities \_\_\_\_\_
- Other \_\_\_\_\_

**Tuberculosis Risk Factor Assessment**

Yes  No  High risk for Tuberculosis infection

Yes  No  Referred to local health department for further TB infection evaluation

Yes  No  Tuberculosis test performed (specify: \_\_\_\_\_ TST/\_\_\_\_\_ BAMT)

\_\_\_\_\_ Date of chest X-Ray

No further follow-up unless signs/symptoms of Tuberculosis infection develop

I have examined \_\_\_\_\_ and find him/her free of communicable disease and any physical or mental disabilities that might interfere with performing his/her duties, except as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature (Physician/PA/ARNP)

\* School Bus Drivers are required to use form TC94-35E.



# DIRECT DEPOSIT

## AUTHORIZATION AGREEMENT

I hereby authorize Mercer County Board of Education, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

\_\_\_Checking     \_\_\_Savings account (select one)

Indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

**YOUR NAME MUST appear on the account and on the voided check**

**DEPOSITORY NAME** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**ACCOUNT NO.** \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**THREE WEEKS MUST BE GIVEN WITH A DEPOSITORY CHANGE**

**NAME** \_\_\_\_\_ **SOC. SEC.#** \_\_\_\_\_

**(Please Print)**

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

*If at anytime you should have a change in banking information, please complete a new authorization agreement and attach a voided blank check.*

**PLEASE ATTACH A VOIDED BLANK CHECK**



# Employee's Withholding Certificate

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.

### 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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<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, other details, 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) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

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 Dependent and Other Credits

If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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)

## General Instructions

Section references are to the Internal Revenue Code.

### 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](http://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, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2023 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 15, 2024.

**Your privacy.** 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).

**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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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.

If you (and your spouse) have a total of only two jobs, you may 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.** This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2023 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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.

- 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). 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
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 territories 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 Surviving Spouse**

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	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



3. You may be exempt from withholding, if you meet the conditions set for under the Servicemember Civil Relief Act as amended by the Military Spouses Residence Relief Act. You must complete the worksheet below to determine if you are eligible.

In order to qualify you must complete this form in full, certify that the you are not subject to Kentucky withholding tax because you met the conditions set forth below, and provide a copy of your spouse's military picture ID issued to the employee by the U.S. Department of Defense.

- 
1. My spouse is a military servicemember.....(check one)  YES  NO
  2. I am NOT a military servicemember.....(check one)  YES  NO
  3. My military servicemember spouse has a current military order assigning him or her to a military location in Kentucky .....(check one)  YES  NO
  4. I and my military servicemember spouse live at the same address .....(check one)  YES  NO
  5. My military servicemember's state of domicile is a state other than Kentucky and I am electing to use that state of domicile .....(check one)  YES  NO  
If yes, enter the 2-letter state code of the servicemember's state of domicile \_\_\_\_\_
  6. I am present in Kentucky solely to be with my military servicemember spouse.....(check one)  YES  NO

**If you checked "YES" to all the statements above, your earned income is exempt from Kentucky withholding tax.**

---

Check box 3 if you checked "YES" to all the statements listed in the worksheet. You are exempt from Kentucky income tax withholding. This exemption will terminate if any of the answers to the questions changes to "NO". In general, the exemption termination date will be the earlier of:

- The day the military servicemember is no longer in the military;
- The day the employee enlists in the military;
- The day the employee and the military servicemember no longer live at the same address; or
- The day the military servicemember's permanent duty station changes to a location outside of Kentucky.

4. You may be exempt from withholding if you work in Kentucky but reside in one of the following reciprocal states: Illinois, Indiana, Michigan, West Virginia, Wisconsin, Virginia and you commute daily or Ohio and you are not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in a S corporation.

In order to qualify you must complete the worksheet below:

---

I have not been a resident of Kentucky during the year. (Check block in front of applicable statement.) I work in Kentucky and reside in:

- Illinois,  Indiana,  Michigan,  West Virginia,  Wisconsin  
 Virginia and commute daily to my place of employment in Kentucky. (*Must commute daily to apply.*)  
 Ohio and I am not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in an S corporation.

---

Check box 4 if you certify you work in Kentucky and reside in a reciprocal state.

**If you meet any of the four exemptions you are exempted from Kentucky withholding. However, you must complete this form and file it with your employer before withholding can be stopped. You will need to maintain a copy of the K-4 for your permanent records.**

---

### Instructions to Employers

Form K-4 is only required to document that an employee has requested an exemption from withholding OR to document that an employee has requested additional withholding in excess of the amounts calculated using the formula or tables. If neither situation applies, then an employer is not required to maintain Form K-4.

Upon receipt of this form, properly completed, you are authorized to discontinue withholding for an employee who qualifies for one of the four exemptions. Retain a copy of all K-4's received from employees.



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

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

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

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

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

**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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

**STOP**    *Employer Completes Next Page*    **STOP**



**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.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

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

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

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



## Statement Concerning Your Employment in a Job Not Covered by Social Security

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer ID# \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

# KENTUCKY Cabinet for Health and Family Services

Federal law requires public (State and local) and private employers to report all newly hired or rehired employees who are working in the State of Kentucky.<sup>1</sup> This form is recommended for use by all employers who do not report electronically.

- A newly hired employee is an individual not previously employed by you, and a rehired employee is an individual who was previously employed by you but separated from employment for at least 60 consecutive days.
- Reports must be submitted within 20 days of hire date (i.e., the date services are first performed for pay).
- This form may be photocopied as necessary. Many employers preprint employer information on the form and have the employee complete the necessary information during the hiring process.
- Online and other electronic reporting options are available at: <https://ky-newhire.com>
- Employers who report electronically and have employees working in two or more states may register as a multi-state employer and designate a single state to which new hire reports will be transmitted. Information regarding multi-state registration is available online at: <http://www.acf.hhs.gov/programs/cse/newhire/employer/private/newhire.htm#multi> or call (410) 277-9470.
- Reports will not be processed if mandatory information is missing. Such reports will be rejected and you must correct and resubmit them.
- For optimum accuracy, please print neatly in all capital letters and avoid contact with the edge of the box. See sample below.

A B C 1 2 3

## EMPLOYEE Information (Mandatory)

First Name:

Last Name:

Address:

City:

Zip Code:

Social Security Number:

Middle Initial:

State:

Hire Date:

**OPTIONAL** Date of Birth:

## EMPLOYER Information (Mandatory)

Employer Name:

Address:

City:

Zip Code:

Federal Employer Identification Number (FEIN):

State:

**OPTIONAL** Contact Name:

Contact Phone:

Contact Email:

State EIN (KEIN):

Contact Fax:

<sup>1</sup> Ref: Social Security Act section 453A and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193), effective October 1, 1997.



# 2023 - 2024 PAYROLL DATES

TIME WORKED	PAY DATE
JULY 1 - JULY 15	JULY 28
JULY 16 - JULY 29	AUGUST 15
JULY 30 - AUGUST 12	AUGUST 30
AUGUST 13 - SEPTEMBER 2	SEPTEMBER 15
SEPTEMBER 3 - SEPTEMBER 16	SEPTEMBER 29
SEPTEMBER 17 - SEPTEMBER 30	OCTOBER 13
OCTOBER 1 - OCTOBER 14	OCTOBER 30
OCTOBER 15 - OCTOBER 28	NOVEMBER 15
OCTOBER 29 - NOVEMBER 11	NOVEMBER 30
NOVEMBER 12 - DECEMBER 2	DECEMBER 15
DECEMBER 3 - DECEMBER 16	DECEMBER 29
DECEMBER 17 - DECEMBER 30	JANUARY 12
DECEMBER 31 - JANUARY 13	JANUARY 30
JANUARY 14 - FEBRUARY 3	FEBRUARY 15
FEBRUARY 4 - FEBRUARY 17	FEBRUARY 29
FEBRUARY 18 - MARCH 2	MARCH 15
MARCH 3 - MARCH 16	MARCH 29
MARCH 17 - MARCH 30	APRIL 15
MARCH 31 - APRIL 13	APRIL 30
APRIL 14 - APRIL 27	MAY 15
APRIL 28 - MAY 18	MAY 30
MAY 19 - JUNE 1	JUNE 14
JUNE 2 - JUNE 22	JUNE 28
JUNE 23 - JUNE 30	JULY 15

All absences and time & attendance records should be updated in Frontline by Tuesday of the following week the work was performed.

The pay date on this schedule will be used to pay substitute employee time worked and additional time worked.

All payroll is distributed via direct deposit according to a schedule approved annually by the Board. Paystubs will be provided electronically.

Permanent employees will be paid on the 15th and 30th of the month following these rules:

- 195 day contracts or less receive paychecks starting August 15th - June 30th, with 2 additional paychecks in June.
- 196-205 day contracts receive paychecks starting July 30th - June 30th, with 1 additional paycheck in June.
- 206 day contracts and higher receive paychecks starting July 15th - June 30th.

*If the 15th or 30th falls on a holiday or weekend, pay will be direct deposited the business day prior.*



# **Staff Required Trainings**

Complete each reading and **quiz** using links from our website below.

You may use your personal email address to log in.

<https://www.mercer.kyschools.us/staff>

- **Bloodborne Pathogens**
- **Confidentiality**
- **Child Abuse, Neglect, & Dependency**
- **Seclusion and Restraint**
- **Suicide Prevention-** Video & Statement
- **Active Shooter-** Video & Statement













# INFINITE CAMPUS

*User Account  
New Employee Form*

All Fields Must Be Completed

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

D.O.B. \_\_\_\_\_ Social Security: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

School email address: \_\_\_\_\_

Emergency Contact/Name: \_\_\_\_\_

Does this person live at the same address as you? Yes \_\_\_ No \_\_\_

Phone # \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY:</b>	
DISTRICT HIRE DATE: _____	OR CONTRACT START/END DATE: _____
POSITION: _____	
LOCATION(S) mark all that apply: __MCES __MCIS __KMS __MCSH __Central __Day Treatment	
REPLACEMENT FOR: _____	OR NEW POSITION _____
CERTIFICATE # EPSB: _____	
JOB TITLE: _____	
SUPERVISOR: _____	



**Electronic Access/User Agreement Forms**

**Local Network/Staff Use**

User's Name _____	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
User's Address _____	_____	_____	_____
	<i>Address</i>	<i>City</i>	<i>Zip Code</i>
Date of Birth _____	Gender <input type="checkbox"/> M or <input type="checkbox"/> F	Phone Number _____	
School/Building Assignment _____		Position _____	
Subject or grade level _____			
	<i>If applicable</i>		

Please check  certified employee  classified employee  bus driver  substitute  board member  
 member of the community  Other: \_\_\_\_\_.

As a user of the Mercer County School District's computer network, I hereby agree to comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

User's Full Legal Name (Please print) \_\_\_\_\_

\_\_\_\_\_ *User's Signature* \_\_\_\_\_ *Date*

Staff login name _____ (dot) _____ @mercer.kyschools.us
<i>First name</i> <span style="margin-left: 200px;"><i>Last name</i></span>

The default staff password will be: [REDACTED] - User's will be required to change their password upon first logon to a District workstations. Please note the password requirements listed below. Passwords must meet the following requirements:

- Minimum Password Length – 15 characters minimum (use an easy to remember passphrase)
- Complexity – Not required.
- Password Expirations – Every 180 days; or after a suspected data breach or compromised account
- Lockout Threshold – 10 attempts or fewer
- Lockout Duration – 10 minutes or more
- Minimum Password Age – 3 days
- Password History Count – Previous 12 passwords

Mercer County Email Address: `firstname.lastname@mercer.kyschools.us`

**NOTE: Federal law requires the District to monitor online activities of minors.**



## Child Abuse/Neglect (CAN) Check

Please Go To: <https://sso.kog.ky.gov> (Kentucky Online Gateway)

Do the following:

- CREATE NEW ACCOUNT
- LAUNCH the CAN Payment and Verification box
- At the top of the page, CLICK on Form and select DPP-156
- CHECK the box for a  Public School Employee
- Complete your personal information and current address
- PLEASE be sure to CHECK the box under  Employer Information that will allow Mercer County Schools to access your records.

Enter: **Mercer County Schools**  
**530 Perryville Street**  
**Harrodsburg KY, 40330**

Enter: [holly.cook@mercer.kyschools.us](mailto:holly.cook@mercer.kyschools.us)  
for the email address

**THE CHARGE FOR THE CAN CHECK IS \$10.00**





Fingerprint Service Code Form

**Service Name:** Mercer County Public Schools - **Volunteer**  
(Teachers & Substitutes)

To Schedule your ten-minute fingerprint appointment, simply visit  
<https://uenroll.identogo.com> and enter the following Service Code

**27GF35**

*Service Code is unique to your hiring/licensing agency. **Do not use this code for another purpose.***

**Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.**

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S.
- Enhanced Driver's License (EDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Department of Defense Common Access Card
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent's Identification Card
- U.S. Passport
- Foreign passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- Canadian Driver's License
- Foreign Driver's License (Mexico and Canada Only)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

Name Linking Documents (only needed if name on identification does not match name in registration):

- Original or Certified Copy of a Court Ordered Name Change Document (to include marriage certificates and divorce decrees)



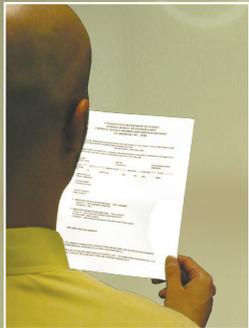
Don't have access to the Internet? You can still schedule an appointment by calling 844.543.9714





# *How to Challenge and How to Obtain Your FBI Identity History Summary*

## *What is an FBI Identity History Summary?*



An FBI Identity History Summary, often referred to as a “rap sheet,” is a listing of certain information taken from fingerprint submissions kept by the FBI. The information is related to arrests, and in some instances, the information is related to federal employment, naturalization, or military service. If the fingerprint submissions are related to an arrest, the Identity History Summary includes the name of the agency that submitted the fingerprints to the FBI,

the date of the arrest, the arrest charge, and the disposition of the arrest, if known. All arrest information included in an Identity History Summary is obtained from fingerprint submissions, disposition reports, and other information submitted by authorized criminal justice agencies.

## *How do I challenge my FBI Identity History Summary?*

If you believe your Identity History Summary contains inaccurate or incomplete information, you may request a change or correction by contacting the agency or agencies that originally submitted the information to the FBI. However, most states require that changes to Identity History Summary information be processed through their respective state centralized agency (State Identification Bureau). You may contact the respective State Identification Bureau for assistance, and, if applicable, request they provide the FBI with updates to your Identity History Summary. For the State Identification Bureau listing, refer to: [www.fbi.gov/checks](http://www.fbi.gov/checks).

You may also send a written challenge request to the FBI’s CJIS Division. Your written request should clearly identify the information that you feel is inaccurate or incomplete and should include copies of any available proof or supporting documentation that validates your claim. For example, if your

disposition information is incorrect or missing, you may submit documentation obtained from the court having control over the arrest or the office prosecuting the offense. The FBI will contact the appropriate agencies in an attempt to verify or correct challenged entries for you. Upon receipt of an official communication from the agency with control over the data, the FBI will make appropriate changes and notify you of the outcome. Updating your FBI Identity History Summary can include having final disposition data entered, cases expunged, pardons entered, a conviction level changed, or rights restored. Once you have been notified of the outcome of your challenge, you may choose to obtain a copy of your Identity History Summary. Please see “How do I obtain a copy of my FBI Identity History Summary for personal review” in this brochure.

You may submit an Identity History Summary Challenge to the FBI’s CJIS Division by writing to the following address:

**FBI CJIS Division  
Attention: Criminal History Analysis Team I  
1000 Custer Hollow Road  
Clarksburg, WV 26306**

Summary challenges submitted to the FBI are processed in the order in which they are received.

## *How do I obtain a copy of my FBI Identity History Summary for personal review?*

If you would like a copy of your Identity History Summary, you may submit a request to the FBI. The FBI offers two methods for requesting your summary or proof that a summary does not exist.

**Option 1:** Submit your request directly to the FBI by sending it to:

**FBI CJIS Division - Summary Request  
1000 Custer Hollow Road  
Clarksburg, WV 26306**



You are required to provide the following:

- 1) A completed Applicant Information Form
- 2) Payment for the \$18 processing fee, either by certified check or money order made payable to the Treasury of the United States, or by a credit card. For credit card payment form and information, refer to: [www.fbi.gov/checks](http://www.fbi.gov/checks).
- 3) A current fingerprint card bearing your name and date of birth. You must include rolled impressions of all 10 fingerprints and impressions of all 10 fingerprints taken at the same time (these are sometimes referred to as plain or flat impressions). If possible, have your fingerprints taken by a fingerprinting technician. Previously processed cards or copies will not be accepted.

**Option 2:** Submit through an FBI-approved Channeler, which is a private business that has contracted with the FBI to submit your request on your behalf. The Channeler will then receive the electronic summary check results for dissemination to the individual. For a listing of FBI-approved Channelers, refer to: [www.fbi.gov/checks](http://www.fbi.gov/checks).

Due to provisions within the Privacy Act of 1974, the FBI cannot provide Identity History Summary information via the telephone or facsimile.

### ***What will I receive?***

If we do not find an Identity History Summary on file, you will receive a response indicating that you have no prior arrest data on file at the FBI. If you do have an Identity History Summary on file, you will receive your Identity History Summary or “rap sheet.”

### ***Frequently Asked Questions***

#### **What is the processing time?**

The FBI processes requests as quickly as possible; however, please allow several weeks for processing. You may obtain an estimate of the current processing time on our website; refer to [www.fbi.gov/checks](http://www.fbi.gov/checks).

#### **Can the FBI send the results to someone (or an agency) other than myself?**

Under the U.S. Department of Justice Order 556-73, the results will be returned to the requestor or his/her designated representative. A signed release to return the results to the representative must accompany such a request.

### **Where can I get my fingerprints taken?**

Local, county, or state law enforcement agencies may take your fingerprints for a fee. Also, some private companies offer this service. Check the business listings in your telephone book or search online. If using the Channeler option, please contact the FBI-approved Channeler for additional information.

### **Why was I told there was a problem with my Identity History Summary when I received a letter indicating that a search of the fingerprints I provided revealed no prior arrest data at the FBI?**

There are several instances in which this might occur, such as:

- 1) Removal of arrest information may have been authorized since you were advised of the summary problem.
- 2) A previous search was conducted with a name and physical description only, and the descriptive data you provided matched or was very similar to that contained in another individual’s summary. Positive identifications are made by fingerprint comparisons.
- 3) The arresting agency may not have supplied the information to the FBI. You will need to contact the state repository of the state in which the arrest occurred.

For additional information concerning an FBI Identity History Summary request and for recent updates to the procedures outlined in this brochure, please refer to:

**[www.fbi.gov/checks](http://www.fbi.gov/checks)**

### ***Additional Concerns***

#### **Firearm Background Checks**

The Criminal History Analysis Team 1 cannot access the National Instant Criminal Background Check System (NICS) information or comment on firearm-related issues. The NICS Customer Service can be reached at (877) 324-6427 for firearm issues only or visit their Web site at:

**[www.fbi.gov/about-us/cjis/nics](http://www.fbi.gov/about-us/cjis/nics)**

#### **Licensing and Employment Background Checks**

Certain background checks for licensing and employment must be conducted through specific state and federal channeling agencies. Contact the agency requiring the background check for correct procedures.

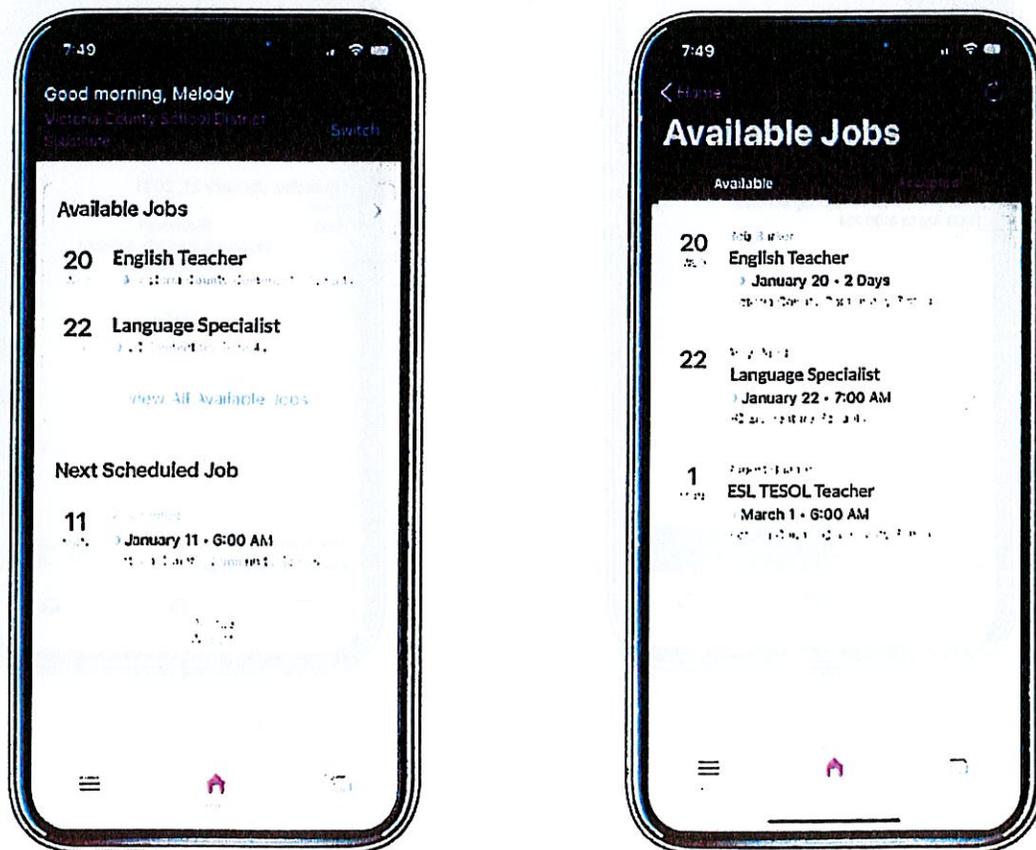


## Mobile App

The Frontline Education mobile app posts potential assignment opportunities for any districts that you have been provided visibility. To view these options, log in to the mobile app and select the **View All Available Jobs** link on the homepage.

### FINDING JOBS

The "Available Jobs" page includes a comprehensive list of any assignments that have been posted by employees within your district(s). This information includes the date when the employee's absence will occur, the name of the person who requested a substitute, the position in question, and the location where the absence will take place.



Tap on a specific assignment if you wish to learn more about it.

## ACCEPTING A JOB

Once on the job details page, you can view a summary of the job, as well as a phone number and/or notes about the assignment. If you wish to accept the job, select the **Accept** button at the bottom of the page.

Once the "Accept" option is selected, the app will provide a confirmation number and verify that you successfully accepted the assignment.

