

2022/2023 Substitute Applicants:

updated 10/21/2022

Attached is an application and required documents that will need to be completed to qualify as a substitute (on-call and non-benefitted) employee within our district. All substitutes will be employed for the academic school year (9 months). Substitute Custodians are employed yearly.

Return the below documents to the Mark Sanford Education Center, 2400 47th Ave S., Grand Forks, ND.

COMPLETE:

1. Substitute Application
2. Background Check – Notification/Release of Information.
NOTE: Substitute Teachers **do not** complete this form.
3. I-9 (Employment Eligibility Verification)

DO NOT SIGN this form until you are present at MSEC with the original forms of ID.

This form must be completed and documents verified before your first day of employment.

Be sure to bring proper original documentation as listed on page 3.

1 document from LIST A

Or

1 document from LIST B and 1 document from LIST C

4. W-4 Form (MN residents will need to complete additional forms)
5. Direct Deposit Authorization Form (attach a voided check or written verification from your bank)
6. Employee Contact & Policy Form
7. Substitute Teachers Only – You must attach a current ND Teaching License or ND Interim Substitute License. If you do not have a license, you can apply on-line at www.nd.gov/espb, ND Education Standards & Practices Board.

NOTE: If you are applying for a substitute position for Buildings & Grounds and/or Child Nutrition, please only complete #1 & #2 above and return to the Human Resources Department.

ALL SUBSTITUTES:

1. After your application has been approved, a photo will be taken and you will be issued an ID Badge, which must be worn at all times during scheduled work hours. Please make sure your ID Badge is visible. Please come to the Human Resources Department if your ID Badge is lost, stolen, broken or information has changed. Your ID Badges are printed immediately. There is a charge of \$5 for all lost or stolen badges. Cash or check only. Makes checks payable to: GFPS. For a replacement badge (broken or information has changed), please bring the original badge with you and it will be replaced at no cost.
2. Sign In/Out in the School Office: Always report to the school office to sign in at the beginning of each work job assignment and again to sign out at the end of your job assignment. Instructions from either the principal or secretary will be given to you at this time.
3. School Closing/Cancellation: You will be responsible to watch for the GFPS cancellation and postponement announcements via Radio / TV / Social Media. In the event of an unscheduled school closing, your assignment will be canceled and no payment will be provided for that day.
4. Non-Benefitted Position: All substitute positions are non-benefitted. All substitute employees of the Grand Forks Public School District are "at will" employees and, accordingly, may decide to terminate their employment or may be terminated at any time, with or without cause, upon notice which is reasonable under the circumstances. Upon termination, your ID Badge must be turned into the Mark Sanford Education Center, 2400 47th Ave S., Grand Forks.
5. Inactivity of 6 months or more will be automatically terminated.



LUNCH: You may purchase an adult meal ticket in the lunchroom. Please have exact change.

Breakfast = \$2.00

Lunch = \$3.50

SUBSTITUTE TEACHERS (Salary – paid on the 15th of the month):

Once your substitute teacher job application has been processed by Human Resources, an email will be sent to you with your personal log-in information so you can start looking for jobs in Absence Management, a program GFPS uses to help find and manage substitute jobs in this district. Please read the Substitute Teacher Handbook that is available online at <https://www.gfschools.org/Page/594>. The rate is \$135.00 per day (\$67.50 per half day). See the “Handbook” for shifts and pay schedules. Please contact MaryJo Sturman, Human Resources Assistant at (701) 787-4878 or msturman220@mygfschools.org if you have any questions regarding Absence Management, change of address/phone number, or need to make any changes to your payroll information.

SUBSTITUTES (Hourly – paid bi-weekly):

After the results of your background check have been approved, you'll be contacted to return to the Human Resources Department where we will review the required paperwork and you will receive your ID Badge and specific instructions regarding payroll (log-in/password). Your position as a substitute is contingent upon approval of a background check. Please contact the Les White, Human Resources Assistant, at 701.746.2205 x7169 if you have a change in your availability, a change of address/phone number, or need to make any changes to your payroll information.

School hours are as follows:

Elementary 8:15am - 3:00pm

Air Base follows Elementary schedule

Middle School 8:40am - 3:30pm

Senior High 8:00am - 3:55pm

Always ask the person who calls you what are the duties assigned for this assignment and the time you need to arrive at the school. Generally, you should plan to be at the school 10 - 15 minutes prior to assignment starting.

Substitute Paraprofessional / Substitute Lunchroom Paraprofessional / Substitute Secretary:

A list is created and distributed to all principals and school secretaries. The substitute is contacted, via phone, by a principal, teacher, or school secretary when a substitute is needed.

Substitute Paraprofessionals - \$14.80/hr

Substitute Lunchroom Paraprofessional - \$12.78/hr

Substitute Secretary - \$17.13/hr

Substitute For Buildings & Grounds

The substitute is contacted, via phone, by Buildings & Grounds, when a substitute is needed.

Substitute Custodian - \$14.80/hr

Summer/Seasonal - \$15.14/hr

Snow Removal - \$19.36/hr

Substitute For Child Nutrition:

The substitute is contacted, via phone, by Child Nutrition, when a substitute is needed.

Substitute Cook - \$14.80/hr

Classified Personnel Policy Manual

The Manual describes important information about the Grand Forks Public Schools and I understand that I should consult the Human Resources Department regarding any questions not answered in the Manual. Substitute positions are non-benefitted. This Manual can be found on-line at: www.gfschools.org. Click on Departments, Human Resources, Negotiated Agreements & Employee Manuals

Substitute Application

Please check all applicable boxes for positions you are applying to.

NOTE: Background checks are required for all substitute positions.

OFFICE USE ONLY:

Hire Date _____

ID Badge _____

BC __ TL __ I9 __ W4 __ DD __ EC&P __ AM __

TC+ Codes: _____

Teacher/Para/Secretary

☐ Substitute Teacher
☐ Substitute Paraprofessional
☐ Substitute Lunchroom Paraprofessional
☐ Substitute Secretary

Buildings & Grounds

☐ Substitute Custodian
☐ Summer Seasonal
☐ Snow Removal

Child Nutrition

☐ Substitute Cook

Name of GFPS Employee who referred you (if any) _____.

Date:

Name:

Address: City: State: Zip Code:

Home Phone: Cell Phone: Email:

Education:

TYPE OF SCHOOL	NAME OF SCHOOL	DEGREE	YEAR GRADUATED
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College / Business or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate School	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment:

1. Name of current Employer: **Location:**
Name of supervisor: **Phone :**
Position Title: **Dates of Employment:** **From:** **To:**

Duties Performed:

2. Name of Previous Employer: **Location:**
Name of supervisor: **Phone :**
Position Title: **Dates of Employment:** **From:** **To:**

Duties Performed:

Reason for Leaving (be specific):

References: Your reference should consist of an individual who can speak on behalf of your professional work and qualifications.

NAME OF REFERENCE	PROFESSION	CURRENT ADDRESS	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Can you perform all of the essential functions of the position(s) for which you are applying? ☐ YES ☐ NO

If not, could you perform all the essential functions with reasonable accommodations? ☐ YES ☐ NO

2. Have you been convicted of a crime within the last 7 years? ☐ YES ☐ NO

If yes, answer the following: State Where Charged: County Where Charged:

What court were the charges filed: ☐ Federal Court ☐ State Court

Explain the circumstances:

3. Have you been convicted of any offense involving a crime against a child including, but not limited, to the sexual molestation, physical or sexual abuse, or rape of a child? ☐ YES ☐ NO

If yes, answer the following: State Where Charged: County Where Charged:

What court were the charges filed: ☐ Federal Court ☐ State Court

Explain the circumstances:

CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. THE DISTRICT WILL CONSIDER THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, AND THE RELATIONSHIP BETWEEN THE OFFENSE AND THE POSITION FOR WHICH YOU ARE APPLYING.

AUTHORIZATION

I certify that all facts contained in this application are true and complete to the best of my knowledge and understand and agree that any misstatement will be grounds for disqualification or dismissal from employment by Grand Forks Public School District #1.

I authorize investigation of all statements contained herein and any requested references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to include a background check into felony convictions and child neglect or abuse and release the Grand Forks Public School District #1 of any liability and any damage that may result from utilization of such information.

I understand that by providing information this application that there is no contractual or implied agreement between myself and the Grand Forks Public School District #1.

APPLICANT SIGNATURE

DATE

Please return this application to:

Human Resources Department
2400 47th Ave South
Grand Forks, ND 58201
PH: 701-787-4878 | FAX: 701-787-4350

The Grand Forks Public School District #1 does not discriminate on the basis of race, color, national origin, sex, handicap, disability, or age in its educational programs/activities and employment policies/practices.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Grand Forks Public Schools ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment history conducted by Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Return Pages 2 & 3 only to the Human Resources Department.

AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize Grand Forks Public Schools ("the Company") to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

- ☐ Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Company.

☐ Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Return Pages 2 & 3 only to the Human Resources Department.

Personal Identifying Information Needed For Background Check – To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

Last Name		First		Middle	
Last Name		First		Middle	
Last Name		First		Middle	
Home Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date of Birth		Social Security No.		Gender	Race
Drivers License Number		State Issued		Expires	

Para información en español, visite www.consumerfinance.gov/learnmore o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



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>	
<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>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

STOP - DO NOT PROCEED PAST THIS POINT ON THIS FORM

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

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
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> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
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 Grand Forks Public Schools	
Employer's Business or Organization Address (Street Number and Name) 2400 47th Ave S		City or Town Grand Forks		State ND	ZIP Code 58201

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)
----------------	-----------------	---------------------------------------

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
--	---------------------------	---

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.

Employee's Withholding Certificate

OMB No. 1545-0074

2022

- ▶ **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 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 estimator at www.irs.gov/W4App, 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 2022 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 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 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)
-----------------------------	--------------------------	--------------------------------------

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.

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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, 2023.

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 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. 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 2022 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 2022 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 **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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)). 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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

DIRECT DEPOSIT AUTHORIZATION FORM

Direct Deposit is mandatory for all employees of the Grand Forks Public Schools District. Employees with a Grand Forks Public Schools email account will receive their Direct Deposit stub by email. All others will receive by mail.

Attach a voided check or a written verification (from your bank) that states your name, account number, and routing number for each account. **A deposit slip is not an acceptable form.** This will ensure that your pay is deposited to your accounts correctly.

Type of Automatic Deposit Transaction: **NEW** **CHANGE (please allow 10 business days)**

Employee Contact Information

First Name: _____ MI: _____ Last Name: _____ SS#: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Preferred Ph #: _____ Job Title: _____

OPTION 1 – Deposit to One Account

Please deposit my entire net pay (100%) directly into the existing account listed below.

Type of Account (check only one box): ☐ Checking ☐ Savings

Bank Name: _____

ABA Routing Number: _____ Bank Account Number: _____

OPTION 2 – Deposit to Two Accounts (Benefits eligible employees only)

Indicate a specific dollar amount into Account 1. The remainder of my net pay will be deposited into Account 2.

Account 1 (check only one box): ☐ Checking Savings Deposit Amount \$ _____

Bank Name: _____ Specific dollar amount per check

ABA Routing Number: _____ Bank Account Number: _____

Account 2 (check only one box): ☐ Checking Savings Deposit Amount \$ Remainder of My Net Pay

Bank Name: _____

ABA Routing Number: _____ Bank Account Number: _____

AUTHORIZATION

I authorize my employer, Grand Forks Public Schools ("GFPS") and the Financial Institution(s) named above to deposit my net pay by electronic transfer to my account(s) each payday. If amounts to which I am not entitled are deposited into my account, I authorize GFPS to direct my Financial Institution to reverse them. In the event my designated account is closed or contains an insufficient balance to allow a reversal for amounts deposited in error, I agree that GFPS may withhold any amounts owed to me until such amount is repaid.

Signature: _____ Date: _____

Instructions:

Employee should complete in full and submit this form to the following address:

Grand Forks Public School District
Attn: Payroll Dept.
2400 47th Ave S
Grand Forks, ND 58201



Employee Contact & Policy Form

Current Employees Only – I am requesting to change the following demographics in the district database:

Employee ID # _____ (on your ID Badge)
(Required)

- | | |
|---|--|
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Home Phone Change |
| <input type="checkbox"/> Address Change | <input type="checkbox"/> Cell Phone Change |
| <input type="checkbox"/> Emergency Contact Change | |

A. Employee Contact Information (Please Print)

LAST NAME: _____ FIRST NAME: _____ MI: _____
 Maiden Name: _____ Preferred First Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone #: _____ Cell Phone #: _____
 (Receive voice calls) _____ (Receive text messages) _____
 REQUIRED REQUIRED
 Personal Email: _____
 Position Title: _____

Please complete:
(Voluntary)

- 1. Gender**
☐ Male
☐ Female

- 2. Race**
☐ American Indian/Alaskan Native
☐ Asian/ Pacific Islander
☐ Black/African American
☐ Hispanic
☐ White

- 3. Ethnicity**
☐ Hispanic/Latino
☐ Not Hispanic/Latino

B. Employee Emergency Contact Information

Primary Contact Name: _____ Relationship to Employee: _____
 Primary Ph#: _____ Alternate Ph#: _____
 Address: _____ City: _____ State: _____ Zip: _____

C. School Board Policies

This information can be found on the district's School Board website at www.gfschools.org > District > Policies "Grand Forks School Board". By signing below, I will read and agree to abide by the rules of the Grand Forks Public School District Policies.

Further, the undersigned employee agrees that if convicted (including a plea of no contest) of a criminal drug violation at any workplace in the Grand Forks School District, the employee will inform their immediate supervisor and the Human Resources Director of the conviction within **five (5) days after** the conviction.

D. Classified Personnel Policy Manual or Teachers Negotiated Agreement

I have received information on the Classified Personnel Policy Manual (known as "Manual") or the Teachers Negotiated Agreement in its most current form.

The Manual or Agreement describes important information about the Grand Forks Public Schools, and I understand that I should consult the Human Resources Department regarding any questions not answered in the Manual/Agreement. The Manual or Agreement can be found on-line at: www.gfschools.org. Click on Departments, Human Resources, Negotiated Agreements & Employee Manuals.

Employee Signature

Date

Dress Code – Professional Appearance

A professional standard of dress requires that staff members be readily distinguishable from students. Employees must always consider that their employment places them in the position of role models for students. Employees are expected to exhibit a professional image to students, parents, and the community. Grand Forks Public Schools recommends the following guidelines to clarify expectations for all staff, substitute teachers, student teachers, paraprofessionals, substitute paraprofessionals, and volunteers.

Attire for Regular School Days (Monday – Thursday), Parent Teacher Conferences

Men

- **Pants:** Dress and casual (business) pants are acceptable. Inappropriate pants include jeans of any color or sweat pants.
- **Shirts:** Polo, golf, buttoned and/or collared shirts, and pullover dress shirts are acceptable. Inappropriate shirts include T-shirts with graphic art images/expressions, muscle shirts and sweatshirts.

Women

- **Pants, skirts or dresses:** Pants, skirts or dresses: Dress pants, casual (business) and capri pants are acceptable. Exercise pants, sweatpants, shorts, and jeans of any color are inappropriate. Skirts and dresses should be of appropriate length. Leggings are appropriate if accompanied by a mid-thigh length tunic or dress. Please do not substitute leggings with exercise pants or sheen tights.
- **Tops:** Blouses, knit or woven tops, sweaters and turtlenecks are acceptable. Sleeveless tops must cover undergarments. T-shirts with graphic art images/expressions, sweatshirts, halter, tank, and low cut tops are inappropriate.

If you are questioning whether a particular item of clothing is appropriate, please do not wear it.

Attire for Last Day of the Week and Professional Development & Clerical Days

Every Friday OR the last day of the school week (**with the exception of PT Conference days**), and professional development days, shall be business casual days and staff may wear jeans that are appropriate for the workplace. Appropriate denim jeans must NOT be frayed, ripped (purposely or not), torn, over-sized, or have any holes or logos. Jeans should be accompanied by a dressier top or school/district logo clothing.

\$40 per person per school year (One payment for the entire year).

- **Spirit Days:** Spirit days will be designated by the principal/supervisor. On those days t-shirts, sweatshirts and/or pullover or zip jacket with the school or district logo are acceptable.
- **Field Trips:** Jeans are allowed on field trips (at principal/supervisor's discretion). Jeans must be in good repair (no holes, rips, etc.).
- **Physical Education:** Physical Education teachers should wear attire appropriate for their instructional environment.

Buildings & Grounds Staff and Technology Technicians: Maintenance and custodial staff (other than office staff) and technology technicians (other than office staff) may wear jeans. Jeans must be in good repair (no holes, rips, etc.). Tops must have no holes and have sleeves.

All employees must wear their District-issued identification badges when in a school building.