

SATSUMA CITY SCHOOLS SUBSTITUTE APPLICATION PROCESS CLASSIFIED SUBSTITUTE APPLICATION PROCESS AND PACKET

1. Download and complete the Classified Substitute Application Packet. This packet can be located at www.satsumaschools.com: click on Employment, Substitute Applications. You may also pick up the packet at the Central Office.
2. **Fingerprint/Background Clearance** (Note: This step is NOT required for applicants who have had a cleared background check within the past (5) five years.)

Fieldprint Background Check Process

You will need the following to complete the registration process successfully:

- A computer, tablet, or smartphone with internet access
- A valid email account
- Established AIM account
- ALSDE ID#
- Fee of \$46.20 paid by Debit card, credit card, or PayPal Account (Prepaid debit cards or credit cards **are** acceptable)
- Ability to provide their commonly known personal information (SSN, DOB, DL#, Height, Weight, etc.)

Step 1: Create an AIM Account <https://aim.alsde.edu>

Step 2: Complete Background Check Registration in AIM

Step 3: Create a Fieldprint Account

Step 4: Complete authorization forms, schedule appointment, and fee payment

Step 5: Report for a fingerprint appointment

- If at any point you are interrupted during the registration process and need to exit you must log back into your AIM account to access the ALSDE Educator Certification and Criminal History Background Checks to complete the registration process.
- If you receive a message to select a REASON or FIELDPRINT CODE – **STOP** and call Satsuma City Schools HR department, at 251-380-8200 or ALSDE customer service at 334-694-4557 (M-F 10 AM-5 PM) for further assistance.

DO NOT go directly to the Fieldprint website to complete your registration

3. Complete the Substitute Application. (Must be 21 years of age.)
4. All classified substitutes must have a high school diploma or equivalent – excluding Cafeteria, Custodians, and Bus Drivers substitutes.
5. Two forms of ID, one a MUST be a photo ID. Please refer to the Form I9 list of acceptable documents
6. *Current Food Handler's Permit for Cafeteria substitute.*
7. *Current LPN, RN license if LPN/RN substitute.*
8. Completed Direct Deposit Form and voided check or letter from your financial institution containing the account name, routing number, and account information for direct deposit. Please refer to the

instructions to register for the **Employee Self-Service** website. Substitutes and employees will obtain their paycheck statements and W-2s from this site.

9. Withholding Forms: W-4 and A-4.
10. I-9 – Employment Eligibility Verification Form.
11. Tuberculosis Statement.
12. Drug-Free Workplace Form.
13. 403(b) Plan Notification Acknowledgement of Receipt.
14. New Health Insurance Coverage Notice Acknowledgement of Receipt.

STATEMENT OF NONDISCRIMINATION: The Satsuma City Schools does not discriminate on the basis of race, age, color, religion, national origin, sex, genetic information or physical or mental disability in admission to, access to, treatment in or employment in its programs and activities. Satsuma City School District also provides equal access to the Boy Scouts and other designated youth groups. This district complies with all federal and state laws and regulations regarding discrimination. Employment related inquiries and/or grievances should be directed to the Chief School Financial Officer or to the Superintendent at 220 Baker Road, Satsuma, AL 36572 or call 251-380-8200.

PLEASE COMPLETE AND SUBMIT ALL FORMS IN ORDER TO BE APPROVED AS A SUBSTITUTE.

Once you have completed the substitute process and submitted a complete packet of documents, all paperwork will be reviewed. If all of the paperwork is in order, your name will be submitted to the school board for approval. Please call our office if you have questions or need assistance.

Submit all documents to:

SATSUMA CITY SCHOOL SYSTEM
220 BAKER ROAD
SATSUMA, AL 36572
251-380-8200

February 2016

Satsuma City School System
220 Baker Road
Satsuma, AL 36572

Employee No. _____
(Office Use Only)

SUBSTITUTE APPLICATION

Application Type: _____ (Teacher, Lunchroom Worker, Bus Driver, Aide, LPN, RN, Clerical, Other)

If applying for Substitute Teacher, please indicate: Degreed _____ Non-Degreed _____ Certified _____

Are you retired from the Retirement Systems of Alabama or the Teachers' Retirement System of Alabama? _____

Personal Information: Social Security No. : _____ - _____ - _____

Name _____
Last First Middle Maiden Suffix

Present Address _____
Street City State Zip

Telephone _____ Alternative Telephone _____ E-Mail: _____

DATA FOR AFFIRMATIVE ACTION (optional): Date of Birth _____ Sex: Male _____ Female _____
Ethnicity: White Non-Hispanic _____ Black Non-Hispanic _____ Hispanic _____ Asian/Pacific Islander _____
American/Alaskan Native _____

EDUCATIONAL BACKGROUND: High school _____ Diploma _____ GED _____
College of University: _____ Date of Graduation: _____ Degree Held: _____

ADDITIONAL INFORMATION

Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?
Yes _____ No _____. If you answer "yes" please provide details of conviction including date and place of conviction. A "yes" answer will not automatically result in a non-issuance but may result in a request for additional information.

IF APPLYING FOR A DEGREE/NON-DEGREE OR CERTIFIED SUBSTITUTE LICENSE

Do you currently hold an Alabama Teaching Certificate? Yes ___ No ___ Valid until _____
If not, have you applied for a certificate? Yes _____ No _____ Date Applied: _____
Do you limit your annual earnings because of Social Security benefits or other reasons? Yes _____ No _____. If yes, please explain and specify the maximum you may earn. _____

AGREEMENT:

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omissions of the facts shall be sufficient cause for the disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the Satsuma City School System, which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the district. I hereby authorize the district to conduct work history, personal references or police record inquiries to determine my acceptability for employment.

Signature of Applicant

Date

SATSUMA CITY SCHOOLS

DIRECT DEPOSIT FORM

All employees shall be required to enroll in the direct deposit feature within thirty (30) days of hire or rehire. All fields are necessary for completion or form cannot be processed.

I, _____, hereby authorize the Satsuma City Board of Education (the "Board") to deposit my monthly payroll payments directly into my checking or savings account indicated below in the Deposit Instructions and to make any such withdrawals directly from my account as are necessary to correct any incorrect deposit by the Board under this Authorization.

I further hereby authorize and instruct the financial institution named below (the "Institution") to accept such automatic deposit to or withdrawals from my account by the Board and to cause my account to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Board without any responsibility for the correctness of any such deposit or withdrawal.

Banking Institution: _____

_____ Please deposit my payroll check to my checking account #: _____

(OR – ONLY CHECK ONE OPTION)

_____ Please deposit my payroll check to my savings account #: _____

Attach a VOIDED CHECK for the "CHECKING" account designated above or the direct deposit cannot be processed! A FORM OR LETTER DIRECTLY FROM YOUR BANK WILL ALSO BE ACCEPTED.

I understand that I can cancel this authorization and submit a change of institution or account number. To cancel, I must give written notice to both the Board and the Institution. My cancellation will become effective as to the date when the Board receives my notice and has had a reasonable period of time upon which to act on it.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the Board and the Institution governing accounts and preauthorized transfer to and from accounts.

NAME: _____ Social Security #: _____

SIGNATURE: _____ Employee #: _____

Satsuma City BOE email address: _____

Date: _____

TUBERCULOSIS STATEMENT

SATSUMA CITY BOARD OF EDUCATION

220 Baker Road

P. O. Box 939

Satsuma, AL 36572

Do you currently have infectious tuberculosis: _____Yes _____No

Have you ever had infectious tuberculosis: _____Yes _____No

By signing below, you are certifying the above information is true, accurate and complete to the best of your knowledge.

SIGNATURE

DATE

PRINTED NAME

SOCIAL SECURITY NUMBER

Return to above address along with New Employee Packet.

**SATSUMA CITY BOARD OF EDUCATION POLICY INFORMATION ON
THE DRUG-FREE WORKPLACE ACT OF 1988**

Federal Law, Board Policy Demand a Drug-Free Workplace

This form is provided to all employees in an effort to promote an awareness of drug-free workplace legislation and Satsuma City Board of Education regulations dealing with a drug/alcohol-free workplace.

The use, possession, or distribution of drugs or alcohol, and/or being under the influence of drugs or alcohol in the workplace is a violation of Board policy. These prohibited activities adversely affect health, safety and productivity, as well as public confidence and trust. Drug or alcohol use in the workplace interferes with the ability of workers to meet satisfactorily the requirements of their jobs. It reduces the employee's dependability, efficiency, and safe performance of job responsibilities and can affect negatively an entire organization.

Policy #672 Statement

In order to protect the health, welfare and safety of students, no school employee will dispense or in any way transfer possession of alcohol or any illegal drug while on school premises, including school vehicles, or at any school-planned activity. Further, no school employee will be under the influence of alcohol, possess, or be under the influence of any illegal drug while on school premises, including school vehicles or at any school-planned activity. Violation of this policy provision will result in suspension or dismissal of the employee.

The Drug-Free Workplace Act of 1988

The Drug-Free Workplace Act of 1988 is part of Public Law 100-690, which is designed to deal comprehensively with the nation's problem of drug abuse. The Act, which became effective March 18, 1989, requires that contractors and grantees of federal agencies certify that they will provide a drug-free workplace. Each federal grantee is required to make such a certification before receiving a contract or grant from a federal agency. The penalty to the Board of Education for noncompliance can be as severe as the loss of federal grants for a period of five years. The requirements of the Act affect the Board of Education in that the Board is a federal grantee receiving direct funds for the programs such as Chapter I, Chapter II, Drug-Free Schools and Communities, Vocational Education, Handicapped Early Education, Dropout Preventions, and others.

**ACKNOWLEDGMENT OF RECEIPT
SATSUMA CITY BOARD OF EDUCATION POLICY INFORMATION ON
THE DRUG-FREE WORKPLACE ACT OF 1988 (P.L. 100-690)
Effective March 18, 1989**

TO THE EMPLOYEE:

I, _____, (last 4 digits of SSN) _____ an employee of the Satsuma City Board of Education, hereby certify that I have received a copy of the Board's policy statement regarding the maintenance of a drug-free workplace. I realize that the manufacture, distribution, possession, or use of a controlled substance is prohibited on the Board's premises and violation of this policy can subject me to the disciplinary action, including termination of employment. I realize that as a condition of employment by the Board, a federal grantee, I must abide by the terms of this policy and will notify the Satsuma City Board of Education of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction. I understand that the use of drugs or alcohol and/or being under the influence of drugs or alcohol in the workplace is strictly prohibited by the rules of the Board of Education and that the penalty for violations may include termination of employment.

Signature

Date

Section V Personnel

5.17 *Drug and Alcohol Testing of Safety Sensitive Employees*

5.17.1 Scope – The Board will conduct employee drug and alcohol testing for employees in safety sensitive positions and will conduct queries and report violations as required by and in accordance with federal law. Testing will be required for all employees holding a commercial drivers’ license (CDL) or who occupy a safety sensitive position as designated by the Board (“covered employees”).

5.17.2 Prohibited Alcohol and Controlled Substance-Related Conduct – In addition to activities identified in other policies, rules, and procedures, covered employees are prohibited from the following:

- a. Reporting for duty or remaining on duty to perform safety-sensitive functions while having an alcohol concentration in excess of the standard set by the Federal Highway Administration (FHWA);
- b. Being on duty or operating a vehicle while using or possessing alcohol;
- c. Consuming alcohol while performing safety-sensitive functions;
- d. Consuming alcohol within eight (8) hours following an accident for which a post- accident alcohol test is required, or prior to undergoing a post-accident alcohol test, whichever comes first;
- e. Refusing to submit to an alcohol or controlled substance test required by post- accident, random, reasonable suspicion, or follow-up testing requirements;
- f. Consuming alcohol or being under the influence of alcohol within eight (8) hours of going on duty, operating, or having physical control of a vehicle;
- g. Reporting for duty or remaining on duty when using any controlled substance, except when instructed by a physician who has advised the driver and the Board that the substance does not adversely impact the performance of any safety- sensitive duty;
- h. Reporting for duty, remaining on duty, or performing safety sensitive functions with controlled substances in the employee’s system.

In the event of a violation of this policy, the employee shall be removed immediately from safety-sensitive duties and shall be subject to such further actions, including disciplinary action up to and including termination.

5.17.3 Testing Program Authorized – All covered employees will be tested for the presence of alcohol and controlled substances in accordance with applicable law:

- a. *Pre-employment Testing* – Prior to the first time a covered employee performs a safety-sensitive function for the Board, the employee must undergo testing for controlled substances.
- b. *Post-accident Testing* – Each surviving driver who is involved in an accident involving a school bus shall submit to alcohol and controlled substance testing as soon as practicable following such accident if such driver:
 1. Was performing a safety-sensitive function with respect to such vehicle and
the accident involved the loss of human life, or
 2. Such driver receives a citation within eight (8) hours of the occurrence under state or local law for a moving traffic violation arising from the accident and the accident involved either:
 - (i) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident, or
 - (ii) One or more motor vehicles incurs disabling damage requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.

Each such driver shall remain readily available for such testing and if he does not remain so readily available, may be deemed to have refused to submit to testing. Transportation supervisors shall provide drivers with necessary post- accident information, procedures, and instructions, prior to the driver operating the school bus, so that drivers will be able to comply with the requirements of this policy.

The tests required by this subsection shall be administered as soon as practicable following the accident. If the alcohol test is not administered within two hours following the accident, the supervisor will prepare and maintain a record stating the reasons. If the alcohol test is not administered within eight hours, and the controlled substances test within 32 hours, the same record shall be made and further efforts to administer such tests shall cease.

- c. *Random Testing* – The Board will conduct unannounced random alcohol and controlled substance testing of its covered employees.
- d. *Reasonable Suspicion Testing* – A covered employee must submit to alcohol or controlled substance testing whenever there is reasonable suspicion of alcohol misuse, or the use of controlled substances based on specific, contemporaneous, and articulable observations concerning the appearance, behavior, speech, or bodily odors of the employee.

- e. *Return-to-Duty Testing* – A covered employee must submit to return-to-work alcohol and/or controlled substance test before being permitted to return to work following a positive alcohol or controlled substance test or other violation of this policy or federal regulations.
- f. *Follow-up Testing* – Any employee who continues performing safety-sensitive functions for the Board, following a determination that the employee requires assistance in resolving problems associated with alcohol misuse or the use of controlled substances, shall be subject to unannounced follow-up alcohol or controlled substance testing as directed by the Board’s substance abuse professional (SAP).

5.17.4 Administration of Program – The Superintendent is authorized to oversee the Board’s testing program, to contract with appropriate providers to implement the program, to develop guidelines, rules, and regulations, to implement training programs, to develop and distribute educational materials and appropriate notices to covered employees, and to take such further action as may be required by federal law

5.17.5 Compliance with Drug & Alcohol Clearinghouse Requirements – In accordance with federal law, covered employees must consent to an appropriate federal Drug & Alcohol Clearinghouse query in order to operate a commercial motor vehicle for the Board. Each covered employee must sign a limited consent for the Board’s designee to conduct a limited Clearinghouse query. Any covered employee who declines to give consent for a limited query will not be permitted to operate a commercial motor vehicle for the Board until such consent is given. Limited queries do not reveal specific information about employees. If a limited query shows that there is information in the Clearinghouse on the covered employee, the covered employee must consent to a full query, which must be conducted immediately. The covered employee will not be permitted to drive or perform safety-sensitive functions until the query results confirm that the employee’s Clearinghouse record contains no prohibitions as defined under the regulations. Any covered employee whose record reveals such prohibitions will not be permitted to drive or otherwise perform safety-sensitive functions until the covered employee successfully completes the return-to-duty process. Any covered employee’s refusal to consent or successfully to complete the return-to-duty process in accordance with federal law will be subject to disciplinary action up to and including termination.

5.17.6 Reports to Clearinghouse -The following information will be reported to the Clearinghouse in accordance with FHWA regulations:

- a. A verified positive, adulterated, or substituted drug test;
- b. An alcohol confirmation test with a concentration of 0.04 or higher;
- c. A refusal to submit to any test required by law, as enumerated above;
- d. The Board’s report of actual knowledge as defined by law (i.e., direct observation, information from previous employer(s), or a traffic citation for

driving a commercial motor vehicle while under the influence of alcohol or controlled substances), of:

1. On duty use;
 2. Pre-duty use;
 3. Alcohol use following an accident;
 4. Controlled substance use;
- e. A substance abuse professional's (SAP) (as defined by law) report of successful completion of the return-to-duty process;
- f. A negative return-to-duty test; and
- g. The Board's report of completion of follow-up testing.

[Reference: Omnibus Transportation Employee Testing Act of 1991]

**ACKNOWLEDGMENT OF RECEIPT
SATSUMA CITY SYSTEM NOTICE OF
403(b) PLAN INFORMATION**

I, _____, (last 4 digits of SSN) _____ an
employee of the Satsuma City Board of Education, hereby certify that I have received a copy of
the Board's 403(b) Plan Information that details information on my eligibility to participate in
the plan.

Signature

Date

403(b) Plan Eligibility Announcement to Employees

To: All Eligible Employees

Date: July 14, 2022

Re: Notice of your right to participate in the 403(b) Retirement Plan sponsored by:
Satsuma City Schools

In compliance with Internal Revenue Service ("IRS") Universal Availability requirements, we are pleased to offer eligible employees the opportunity to voluntarily save for retirement by participating in the 403(b) Plan ("the Plan"). All employees who receive compensation reportable on an IRS Form W-2 are eligible to participate in the Plan, except for those who are specifically excluded by the Plan.

If eligible, you may participate in this Plan by establishing a 403(b) account with one of the Plan's approved Investment Providers and completing a salary reduction agreement to make pre-tax contributions or (if permitted by the Plan) Roth 403(b) after-tax contributions.

Generally, salary reduction contributions can be made in an amount up to the lesser of 100% of includable compensation or the annual limitations set by the IRS. For the 2022 tax year, the annual contribution limit is \$20,500 with a catch-up contribution of up to \$6,000 for employees that are age 50 or older. If permitted in the Plan, you may also qualify for an additional catch-up contribution of up to \$3,000 if you have completed 15 years of service or more with the school district. To determine the amount of additional catch-up, a Maximum Allowable Contribution (MAC). The worksheet must be completed with your sales agent and returned to the payroll department along with a completed salary reduction agreement for approval.

Please be aware that if you participate in more than one 403(b) Plan or another qualified Plan such as a 401(k), you will be responsible for tracking and reporting the amount of your total contributions to the school district so you do not exceed the annual contribution limitation as permitted by the IRS.

By electing to participate in the Plan, you are acknowledging and agreeing to abide by the Plan's rules and all IRS regulations related to 403(b) Plans. To learn more about the 403(b) Plan, including, but not limited to, (1) exclusions to participation, (2) Plan distribution/transfer/rollover rules, and (3) a list of the Plan's approved Investment Providers, please contact the school district. You may also contact our administrative services provider, AFPlanServ, by calling 866-560-6415 or by sending an email to WG-Annuity-AF-PlanServ@americanfidelity.com.

For information about specific 403(b) investment products offered by each of our Plan's approved Providers, it will be the employee's responsibility to contact each company directly.

Please contact the school district if you have questions regarding this Notice and/or if you would like to participate in the Plan.

Please be sure to consult with your legal or tax advisor before participating in the 403(b) Plan. AFP/AFPlanServ® does not provide tax or legal advice

**ACKNOWLEDGMENT OF RECEIPT
SATSUMA CITY SYSTEM NOTICE OF
NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR
HEALTH COVERAGE**

I, _____, (last 4 digits of SSN) _____ an
employee of the Satsuma City Board of Education, hereby certify that I have received a copy of
the Board's notice to all employees regarding New Health Insurance Marketplace Coverage
Options and Your Health Coverage.

Signature

Date



July 14, 2022

RE: New Health Insurance Marketplace Coverage Options and Your Health Coverage

To: Satsuma City School System Employees:

There is a lot of talk about healthcare reform today, and you will be hearing much more in the coming months.

It is important to know that the Public Education Employees' Health Insurance Plan (PEEHIP) will continue to offer health coverage to our eligible employees. This coverage is an important part of our total compensation package.

The Patient Protection and Affordable Care Act (ACA) requires employers subject to the Fair Labor Standards Act to provide the attached notice to all working full-time and part-time employees. The notice provides basic information about individual health insurance options that will be available through the Marketplace (also referred to as Exchanges) beginning in 2014. In Alabama, the Health Insurance Marketplace will be administered by the federal government. The required notice also explains that some individuals may be eligible for federal subsidies to help pay for some of the cost of individual health insurance policies sold through a public exchange. The value of these subsidies will vary based on an individual's household income.

According to the ACA and IRS regulations, if an employee is eligible for an employer sponsored health plan, and that plan meets the government's definition of affordable, minimum value coverage, then the employee and any family members eligible for the employer plan are not eligible for the federal subsidies described in the attached notice, regardless of household income. **Coverage offered to you by PEEHIP meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.**

Important Note for Employees Who Are Eligible for PEEHIP Coverage:

Is PEEHIP coverage "affordable" to you according to ACA rules?

The ACA defines "affordable" as a plan that requires an employee to contribute no more than 9.5% of their household income to participate in employee only coverage (single coverage).

- PEEHIP offers a plan that requires a monthly contribution of \$30 for single coverage for full time employees earning a full allocation.
- Note: Employees who qualify and apply for PEEHIP's Federal Poverty Level premium discount program will have a reduced premium of 10% up to 50% depending on your income.

Note: If you purchase a health plan through the Marketplace instead of accepting coverage offered through PEEHIP, you will lose the PEEHIP (employer) contribution to the PEEHIP offered coverage. Also, a health plan purchased through the Marketplace is not paid for with pre-tax dollars. Premium payments made through the Marketplace are made on an after-tax basis.

Important Note for Employees Who are Not Eligible for PEEHIP Coverage:

If you are not eligible for PEEHIP coverage, you may want to review the attached notice and explore individual health insurance options available to you through a public exchange. Since you are not eligible for PEEHIP coverage, you may qualify for the federal subsidies described in the notice.

For further information on the ACA or the Health Insurance Marketplace, call 1-800-318-2596 or visit www.healthcare.gov.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description available on the PEEHIP website at www.rsa-al.gov or contact [the Public Education Employees' Health Insurance Plan \(PEEHIP\)](#) toll free at 1-877-517-0020

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



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Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

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The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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.

2024

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 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, and when to use the estimator at www.irs.gov/W4App.

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). If you or your spouse have self-employment income, use this option; **or**

(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

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.

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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.

Instead, 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 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 2024 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; 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
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 2024 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: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

THIS FORM MAY BE REPRODUCED.

Employee: Complete Form A-4 and file it with your employer. Otherwise, tax will be withheld without exemption.

Employer: Keep this certificate on file. If an employee is believed to have claimed more exemptions than that which they are legally entitled to claim, the Department should be notified. Any correspondence concerning this form should be sent to the AL Dept of Revenue, Withholding Tax Section, PO Box 327480, Montgomery, AL 36132-7480 or by fax to 334-242-0112. Please include contact information with your correspondence.

Penalties: Section 40-18-73, Code of Alabama 1975. Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A-4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Exempt Status: Military Spouses Residency Relief Act. This exemption applies to a spouse of a US Armed Service member who is present in Alabama in compliance with military orders and who maintains domicile in another state. Employee should provide their employer with valid military identification and a copy of a current leave and earnings statement or Form DD-2058. Complete line 6 on front of Form A-4 if you qualify for this exemption.

Exempt Status: No tax liability. An exemption from withholding may be claimed if you filed an Alabama income tax return in the prior year, had a zero tax liability on that return, and you anticipate a zero tax liability on your current year return. If you had any tax withheld in the prior year and did not receive a full refund of that amount, you will not qualify and should complete the front of Form A-4.

CHANGES IN EXEMPTIONS: You may file a new certificate at any time if the number of your exemptions INCREASE. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

- (a) Your spouse for whom you have been claiming exemption is divorced, legally separated, or claims her or his own exemption on a separate certificate.
- (b) You no longer provide more than half of the support for someone you previously claimed a dependent exemption for.

DECREASES in exemption, such as the death of a spouse or dependent, will not require the filing of a new exemption certificate until the following year.

DEPENDENTS: To qualify as your dependent (Line 4 on other side), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

PLEASE CUT HERE



ALABAMA DEPARTMENT OF REVENUE
Employee's Withholding Exemption Certificate



EMPLOYEE'S FULL NAME		SOCIAL SECURITY NO.	
HOME ADDRESS	CITY	STATE	ZIP CODE
SIGNED		DATE	

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. See reverse side for penalty details.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A-4 and file it with your employer
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption.....
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption.....
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See instructions for dependent qualifications
5. Additional amount, if any, you want deducted each pay period \$
6. **Exempt Status:** If you meet the conditions set forth under the Military Spouses Residency Relief Act and will have no Alabama income tax liability, skip lines 1-5, write "EXEMPT" on line 6, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 for the documentation you must provide to your employer in order to qualify.
7. **Exempt Status:** If you had no Alabama income tax liability last year and you anticipate no Alabama income tax liability this year, you may claim an exemption from Alabama withholding tax. Skip lines 1-6, write "EXEMPT" on line 7, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 to be sure you qualify.

LINE 8 BELOW TO BE COMPLETED BY YOUR EMPLOYER

8. TOTAL EXEMPTIONS (Example: Employee claims "M" on line 3 and 2 on line 4. Employer should use column headed M-2 in the Withholding Tax Tables and Instructions for Employers.)	
EMPLOYER NAME	EMPLOYER FEIN
EMPLOYER STATE ID	



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole 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 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. 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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

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

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

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



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Employee Self Service

Effective Immediately! Employees and Substitutes must register and log in to a web-based Employee Self Service module to **obtain paycheck statements and W-2 Forms**. Employees and Substitutes will also be able to submit requests to change: Demographics, W-4, A-4, and Direct Deposit account. **You must use a computer or notebook/laptop to use all features of this program. Not everything is visible on an iphone or ipad/tablet, but one can see many items and can register.** For employees, the Request for Leave is not an available function at this time. Additional programming would be required before we can successfully utilize that feature.

The web site for Satsuma City Schools Employee Self Service is:

<https://docs.satsumaschools.com/EmployeeSelfService>. Go to this link and click **Register** in the top right hand corner. You will need your Social Security Number and Employee Number. You can find your Employee Number on the top portion of your pay check stub/statement or on your Substitute card. Effective immediately, you must log onto this web site to obtain your pay check statement and W-2 forms. Your W-2 forms for past years can be located under the Earnings Summary.

Please write down exactly how you enter your user name and password. After you enter the required information, you should receive a message that you have successfully registered and that an email will be sent to you for confirmation. Come out of the Register web page, go to your Satsuma City Schools Gmail, open the email from ESS and click on the confirmation link. It should take you back to the Log In Page. Be certain that you type in your exact user name and password. You must come out of the Register Web Page and go through the confirmation link in your email or it will not accept your user name and password!

If you have trouble registering, please email or call one of the following staff members: Janette Smith, jsmith@satsumaschools.com, 380-8183 or Brittany Little, blittle@satsumaschools.com, 380-8180.

Most employees use Internet Explorer, Google Chrome or Firefox. **The preferred internet browser to open for registering and using the Employee Self Service Module is Google Chrome.** This browser appears to work the most efficiently when trying to download, save and/or print a document. **For all browsers, Pop Up Blockers must be disabled.**

To open, save and print a check stub. Click on Check Inquiry and enter date time period for your check. Click on the check statement listed and you should be able to see your check stub in the Document Viewer. Substitutes can also click on the Substitute Info and see the dates one worked as a substitute. When using Google Chrome, you should be able to use the mouse to hover over the document at the top and see the options to download or print. If you just want to print, click the print key. To save, download the form and save as an Adobe PDF and save on your computer. **If you have difficulties in seeing the document and downloading or printing, please contact our office for assistance. (Google Chrome is preferred.)**

To open, save and print your W-2 Form: Click on Earnings Summary and select the current year. Click on W-2 form and it will open in the Document Viewer. Follow the same steps as above to select the print or download button in order to download, save as a PDF and print. The back page of the W-2 with all of the W-2 instructions is available under Company Documents if you need it for yourself or your tax preparer. Please note under the Earnings Summary that you have access to all W-2's for every year you have worked for Satsuma City Schools.

You may submit requests to change several documents. If you wish to submit a name change, you must upload a copy of your new Social Security Card. If you wish to change your Direct Deposit account, you must upload a copy of a voided check or a bank letter or bank form. Once you click Save on any requests or changes, the request is emailed to the payroll department and will be reviewed, approved, if appropriate, and posted to the employee's payroll record. Once approved, the employee will receive an email reflecting that their request has been approved.