

# New Hire Forms Checklist

***\*\*Please do not print these documents double sided\*\****

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Please review the forms carefully and bring the following to your meeting with HR to finalize your paperwork. Be sure to print and complete the required tax forms (State, Federal and City) which are separate from this set of forms.

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- \_\_\_\_\_ Federal W4 Tax Form
- \_\_\_\_\_ State W4 Tax Form
- \_\_\_\_\_ City Tax Form, if applicable (e.g. Detroit or Pontiac)
- \_\_\_\_\_ State of Michigan New Hire Reporting Form
- \_\_\_\_\_ Direct Deposit Form
- \_\_\_\_\_ Voided Check or a bank letter listing your bank account information (only if selecting checking)
- \_\_\_\_\_ Initial Pay Option Election Form (Teacher, Paraprofessional, Secretary or Media Aide)
- \_\_\_\_\_ EEOC
- \_\_\_\_\_ Employment Eligibility Verification I-9
- \_\_\_\_\_ Driver's License
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ PA 189 (complete and sign top half only)
- \_\_\_\_\_ Reasonable Assurance of Employment
- \_\_\_\_\_ Network Agreement
- \_\_\_\_\_ Board Policies & Procedures
- \_\_\_\_\_ New Hire Retirement Plan Election Statement (only if you do not already have an ORS account)
- \_\_\_\_\_ Fingerprint Live Scan Form
- \_\_\_\_\_ Michigan Waiver Agreement
- \_\_\_\_\_ Criminal Conviction History Form
- \_\_\_\_\_ Hepatitis B Form
- \_\_\_\_\_ Copy of Resignation Letter (Teachers coming from another District)
- \_\_\_\_\_ Blank copy of your Michigan Teaching Certification (Teachers only)
- \_\_\_\_\_ Copy of your Professional License (if applicable)
- \_\_\_\_\_ FMCSA Consent (Bus Drivers only)





# Direct Payroll Deposit Authorization

## Employee Information

Name \_\_\_\_\_ Five Byte ID \_\_\_\_\_

Building \_\_\_\_\_ Date \_\_\_\_\_

## New Setup

When requesting a new account setup, please allow 3-5 weeks for your new account information to be activated.

Financial Institution/Bank Name \_\_\_\_\_

### Checking:

### Savings (No check required):

(Attach a voided check to this Authorization)

Bank Routing No.	*Account No.	Bank Routing No.	*Account No.
_____	_____	_____	_____

I authorize Farmington Public schools (FPS) and the bank listed above to deposit my pay automatically to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize FPS to direct my bank to return said funds. This authority will remain in effect until I have cancelled in writing. \*Please include all numbers on check.

## Change Existing Setup

When requesting a new account setup, please allow 3-5 weeks for your new account information to be activated.

### Checking:

### Savings (No check required):

(Attach a voided check to this Authorization)

Bank Routing No.	*Account No.	Bank Routing No.	*Account No.
_____	_____	_____	_____

## Additional Comments/Instructions

Employee's Signature \_\_\_\_\_

It is the employee's responsibility to verify that the information provided is accurate. FPS is not liable for any bank fees incurred.

Return completed form to the Payroll Department  
248-489-3312



**2024 - 2025**  
**Initial Pay Option Election Form**

Name: \_\_\_\_\_ Byte #: \_\_\_\_\_

Unit: \_\_\_\_\_ Calendar: \_\_\_\_\_

**I elect the following Pay Plan for the current school year:**

**FEA (Teachers and Licensed Professional Staff) with Traditional Calendar or Coordinator Calendar:**

\_\_\_\_\_ 21-Pay Plan (9/6/24 – 6/13/25)      \_\_\_\_\_ 26-Pay Plan (9/6/24 – 8/22/25)

**FEA (Teachers and Licensed Professional Staff) with 12 Month (SXI) Calendar:**

\_\_\_\_\_ 26-Pay Plan (7/12/24 – 6/27/25)

**ESP (10 Month Paraprofessionals and Media):**

\_\_\_\_\_ 21-Pay Plan (9/6/24 – 6/13/25)      \_\_\_\_\_ 26-Pay Plan (9/6/24 – 8/22/25)

**ESP (10 Month Office):**

\_\_\_\_\_ 23-Pay Plan (8/23/24-6/27/25)      \_\_\_\_\_ 26-Pay Plan (8/23/24 – 8/8/25)

**ESP (11 Month Office with Traditional Calendar):**

\_\_\_\_\_ 24-Pay Plan (8/9/24-6/27/25)      \_\_\_\_\_ 26-Pay Plan (8/9/24-7/25/25)

**ESP (11 Month Office with Alternate Calendar):**

\_\_\_\_\_ 26-Pay Plan (7/26/24 – 7/11/25)

**ESP (12 Month office and 12 Month Paraprofessional) with 12 Month Calendar:**

\_\_\_\_\_ 26-Pay Plan (7/12/24 – 6/27/25)

**FASA (all Calendars):**

\_\_\_\_\_ 27-Pay Plan (7/26/24 – 7/25/25)

**NonUnit (all Calendars):**

\_\_\_\_\_ 26-Pay Plan (7/12/24 – 6/27/25)

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

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

# Equal Employment Opportunity Commission (E.E.O.C.)

NAME \_\_\_\_\_ DATE \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY NO. \_\_\_\_\_ BYTE NO. \_\_\_\_\_

Please answer BOTH parts (A & B)

**Part A**      **Are you Hispanic/Latino? (*Choose only one*)**

- ☐ **No**, not Hispanic/Latino
- ☐ **Yes**, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race).

Part A of the question is about ethnicity, not race. Regardless of what you selected in Part A, **please answer Part B** by marking one or more boxes to indicate what you consider your race to be.

**Part B**      **What is your race? (*Choose one or more*)**

- ☐ **American Indian or Alaska Native (Not Hispanic or Latino)** (A person having origins in any of the original peoples of North and South American, including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Asian (Not Hispanic or Latino)** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- ☐ **Black or African-American (Not Hispanic or Latino)** (A person having origins in any of the black racial groups of Africa).
- ☐ **White (Not Hispanic or Latino)** (A person having origins in any of the original peoples of Europe, the Middle East or North America.)
- ☐ **Two or More Races (Not Hispanic or Latino)** – Persons who identify with two or more racial categories named above.)
- ☐ I choose not to respond.

**NOTE:** Both Parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.

**Submission of this form is voluntary and refusal to provide information will not subject you to any adverse treatment. The information provided will be kept CONFIDENTIAL and will not identify any specific individual.**

\_\_\_\_\_  
**SIGNATURE**

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



# 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	
<b>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.</b>		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 <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , 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)		<b>Additional Information</b>			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> 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.			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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the 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.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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\*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 <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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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 <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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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 ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	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> )	
<b>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.</b>			
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 ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	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> )	
<b>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.</b>			
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 ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	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> )	
<b>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.</b>			
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.	

**FARMINGTON PUBLIC SCHOOLS**  
**Michigan Public Act 189 & 397**

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

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

I acknowledge the Farmington Public School District's right to investigate any and all references and secure additional information regarding my employment history, including any and all disciplinary action and/or the events surrounding the termination of employment.

Pursuant to Public Act 189 of 1996, I waive my right of prior notice under the Bullard-Plawecki Employee Right to Know Act, Act No. 397 of the Public Acts of 1978, being section 423.506 of Michigan Compiled Laws and I hereby release my current/former employer, and employees acting on behalf of my current/former employer, from any liability for providing information regarding connection with this employment history verification. I understand that if I am employed after signing this form, but before the disclosures are received, my continued employment is contingent upon the District's receipt of disclosures satisfactory to the District, in its sole discretion.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Social Security # (Last 4 digits):** \_\_\_\_\_

**Please complete this section, providing us with the name and complete address and phone/fax numbers of a present or immediate past employer. Please print legibly.**

**Name of Company/School:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**\*\*To be completed by employer \*\***

Public Act 189 of 1996 requires you to provide the Farmington Public School District with copies of information relating to unprofessional conduct contained within the above named person's personnel file with 20 days of the receipt of request. The Act provides that, "an employer or an employee acting on behalf of the employer that discloses information under the section in good faith is immune from civil liability for the disclosure."

Please fax or mail copies of all such documents along with a signed copy of this request to the address listed below. If no documentation of unprofessional conduct is contained with the personnel file, please note it at the bottom of this form and return. Maintain one copy for your records. Thank you for your assistance. If you have any questions or concerns, please contact Natresse Pickens, HR Specialist at (248) 489-3356.

\_\_\_\_ I certify that no documentation of unprofessional conduct exists within the above named person's personnel file.

\_\_\_\_ I have enclosed items relating to unprofessional conduct.

\_\_\_\_\_  
Authorized Employer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Thank you.

Bradley Paddock, Assistant Superintendent, Human Resources & Talent  
Development Farmington Public School District, 33000 Freedom Road,  
Farmington, MI 48331 Phone: (248) 489-3356 FAX: (248) 489-3318



**REASONABLE ASSURANCE OF EMPLOYMENT  
ACKNOWLEDGEMENT FORM**

During the course of your employment with the district, you will experience regularly scheduled breaks in work during the school year. These breaks occur when school is not in session or in recess. At the beginning of each break, you have a “reasonable assurance” that the same or similar work will be available at the end of the break or recess. Unless you are notified to the contrary, you should expect that the reasonable assurance is in place.

I have received, read, and acknowledge this notice.

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**PRINTED NAME**

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**DATE**

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**SIGNATURE**

**FARMINGTON PUBLIC SCHOOL DISTRICT  
NETWORK REGISTRATION AGREEMENT FOR ALL USERS**

I, \_\_\_\_\_, a student or employee of Farmington Public School District, understand and agree to comply with the *Network Acceptable Use Policy Terms and Conditions*. Further, I understand, agree and shall comply with the following terms and conditions:

1. The use of the District's network is a privilege and responsible use is required. Some examples of irresponsible use would include, but not be limited to, unapproved software, unlicensed software, key logging software or hardware devices, the placing of unlawful information on the system, or information which conveys an offensive, profane, sexually suggestive message, or harasses or disturbs by pestering or tormenting, including, but not limited to, intimidation because of a person's race, color, religion, gender, sexual orientation or ethnicity in either public or, upon registration of complaint, private messages or other systems that are accessed through the District's network. The District will be the sole arbiter of what constitutes irresponsible use.
2. The District's network may not be used for conduct or communication that embarrasses, harms or in any way distracts from the good reputation of the District, its staff, students or any organizations, groups, or institutions with which the District's network is affiliated. The District will be the sole arbiter of what constitutes unacceptable behavior. It also includes illegal or unauthorized entry or attempt to gain access to another's files, computers, or computer systems.
3. The District reserves the right to review any material stored in files to which any users have access and will edit or remove any material which the District, in its sole discretion, believes may be unlawful, or constitutes irresponsible use as set forth in paragraph one, above. Any individual, who uses, sends, receives or stores information via the District's network has no expectation of privacy associated with such actions.
4. All information services and features on the District's network are intended for educational or professional use. Any commercial or unauthorized use of those features or services, in any form, is expressly forbidden.
5. In consideration of the privilege of using the District's network and in consideration of access to it, I release the District's network, its operators and sponsors, the District and its staff, and all organizations, groups and institutions with which the District is affiliated, from any liability and from any claims I may have, of any nature, arising from my use, my inability to use and from others' use of the District's network.
6. My access to the District's network is subject to such rules and regulations of system usage as may be established by the administrators of the system, which may be changed from time to time. Violation of this network agreement may result in disciplinary action.

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian  
(if student is under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## BOARD POLICIES & ADMINISTRATIVE REGULATIONS

POLICY & AR 2003	KEEPING STUDENT RECORDS SECURE
POLICY & AR 2007	CORPORAL PUNISHMENT
POLICY 6006	DRUG FREE WORKPLACE
POLICY 6007	NO SMOKING POLICY
POLICY & AR 8008	NOTICE OF NONDISCRIMINATION AND ANTI-HARASSMENT POLICY
AR 8008.1	COMPLAINT PROCEDURE FOR HARASSMENT
AR 8008.2	OR DISCRIMINATION STUDENT OR EMPL
AR 8008.3	COMPLAINT PROCEDURE FOR SEXUAL HARASSMENT TITLE VI, IX, SECTION 504 EMPLOYEES AND STUDENTS

I certify that I have received and am responsible for the contents of the above-listed Board Policies and Administrative Regulations material distributed by the Farmington Board of Education.

In addition, I acknowledge that I am required to comply with all Board Policies and Administrative Regulations available on the District website [www.farmington.k12.mi.us](http://www.farmington.k12.mi.us).

---

(Signature)

---

(Printed Name)

---

(Date)

9/21/20

**FARMINGTON PUBLIC SCHOOLS**

**NEW HIRE RETIREMENT PLAN ELECTION**

**PUBLIC SCHOOL EMPLOYEES WHO FIRST WORK ON OR AFTER SEPTEMBER 4, 2012**

**AND ARE BRAND NEW TO THE PUBLIC SCHOOLS RETIREMENT SYSTEM**

I \_\_\_\_\_ HAVE RECEIVED THE NEW HIRE RETIREMENT PLAN

**(NAME PRINTED)**

ELECTION FORM ON \_\_\_\_\_.

- ☐ I UNDERSTAND IT IS MY RESPONSIBILITY TO READ OVER THE RETIREMENT INFORMATION I WAS GIVEN AND CHOOSE, WITHIN 75 DAYS FROM THE DATE OF MY FIRST PAYCHECK, A PENSION PLAN ON THE MICHIGAN ORS WEBSITE.
- ☐ I UNDERSTAND THAT THE DISTRICT WILL BE MAKING RETIREMENT DEDUCTIONS BEGINNING WITH MY FIRST PAYCHECK PURSUANT TO STATE LAW.
- ☐ I FURTHER UNDERSTAND THAT MY ELECTION WITH ORS WILL BE RETROACTIVE FROM THE DATE I CHOOSE MY PENSION PLAN BACK TO MY DATE OF HIRE.
- ☐ I FURTHER UNDERSTAND THAT IF I DO NOT ELECT A RETIREMENT PLAN, ORS WILL PLACE ME IN THE DEFAULT PLAN.

Please note If placed in the DEFAULT plan due to personal choice or default, any contributions made in excess will be returned.

\_\_\_\_\_

**(SIGNATURE)**

\_\_\_\_\_

**(POSITION)**

\_\_\_\_\_

**(LAST FOUR DIGITS OF SOCIAL)**

## LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

**Purpose:** To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

**Instructions:** See page two.

I. Authorizing Information							
1. Fingerprint Reason Code <b>SE</b>	2. Requestor/Agency ID <b>1837-T</b>	3. Agency Name <b>Farmington Public School District</b>			4. Individual ID (MNU-OA)		
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name		1b. First Name		1c. Middle Initial		1d. Suffix	
2. Any Alternative Names, Last Names, or Aliases				3. Social Security Number (Optional) <b>DO NOT SUBMIT SSN</b>			
4. Place of Birth (State or Country)		5. Date of Birth	6. Phone Number		7. Driver's License / State ID Number		8. Issuing State
9. Home Address			10. City			11. State	12. ZIP Code
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color	18. Hair Color		
III. Live Scan Information							
1. Date Printed		2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Live Scan Operator*	
*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.							
IV. Privacy Act Statement							
<p><b>Authority:</b> Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p><b>Principal Purpose:</b> Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p><b>Routine Uses:</b> During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							
V. Procedure to Obtain a Change, Correction, or Update of Identification Records							
If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)							
VI. Consent							
I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.							
Signature:						Date:	

## INSTRUCTIONS

### Section I:

#### Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

**1. Fingerprint Code:**

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

**2. Requesting Agency Identification (ID):**

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

**3. Agency Name:**

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

**4. Individual ID (MNU-OA)**

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

### Section II:

#### Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

### Section III:

#### Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.



## MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

### An Individual Applicant's Request for a Fingerprint-Based Criminal History Record Information (CHRI) Background Check Result for a Qualified Entity in Accordance with the Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (**enter name of Qualified Entity**) Farmington Public School District, to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

I understand that until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children or individuals with disabilities. I further understand that upon request the Qualified Entity will provide me a copy of the CHRI background results, if any, and that I am entitled to challenge the accuracy and completeness of any information contained in such results. I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status; as an employee, volunteer, contractor, or subcontractor.

Printed/Typed Name		Date of Birth	
Address	City	State	ZIP Code
What is your current or prospective status (check <b>one</b> )? <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor/Vendor			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a description of the crime and the particulars of the conviction.			
I understand that I may be asked to assist with obtaining any and all official disposition documentation regarding my conviction.			
If you are an employee, prospective employee, or a volunteer of a public school academy, do you authorize release of your CHRI results to another qualified entity (i.e. school or management company) for a like purpose? If yes, indicate the name of the other qualified entity below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Other Qualified Entity Not Applicable			
Signature		Date Signed	

**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY**

## CRIMINAL CONVICTION HISTORY FORM

Date \_\_\_\_\_

**FARMINGTON PUBLIC SCHOOL DISTRICT**

**HEPATITIS B**

**ACCEPTANCE OR DECLINATION STATEMENT**

I have been informed about Hepatitis B and the vaccine and at this time I am choosing:

\_\_\_\_\_ To **accept and complete** the vaccination series (3 shots – first shot, then second shot is 30 days from the first, the third shot is six months from the first shot.) **If you choose to get vaccinated, you must go to the Concentra location in Novi since they hold our vaccine.**

\_\_\_\_\_ To **decline** the vaccinated series at the time. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name (print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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



(Patient Must Present Photo ID at Time of Service)

## Authorization for Examination or Treatment

Patient Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: Farmington Public Schools Date of Birth: \_\_\_\_\_

Street Address: 33000 Freedom Road Location Number: \_\_\_\_\_

Temporary Staffing Agency: \_\_\_\_\_

### Work Related

☐ Injury ☐ Illness

Date of Injury \_\_\_\_\_

### Substance Abuse Testing<sup>★</sup> (check all that apply)

☐ Regulated drug screen ☐ Breath alcohol

☐ Collection only ☐ Hair collect

☐ Non-regulated drug screen ☐ Rapid drug screen

☐ Other \_\_\_\_\_

### Type of Substance Abuse Testing

☐ Preplacement ☐ Reasonable cause

☐ Post-accident ☐ Random

☐ Follow-up

Special instructions/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized by: Kelly Knight

Please print

Phone: (248) 426-4724

### Physical Examination

\$38 including lift test

☒ Preplacement ☐ Baseline ☐ Annual ☐ Exit

### DOT Physical Examination

☐ Preplacement ☐ Recertification

### Special Examination

☐ Asbestos ☐ Respirator ☐ Audiogram

☐ Human Performance Evaluation<sup>★</sup>

☐ HAZMAT ☐ Medical Surveillance

☐ Other \_\_\_\_\_

### Billing (check if applicable)

☒ Employee to pay charges

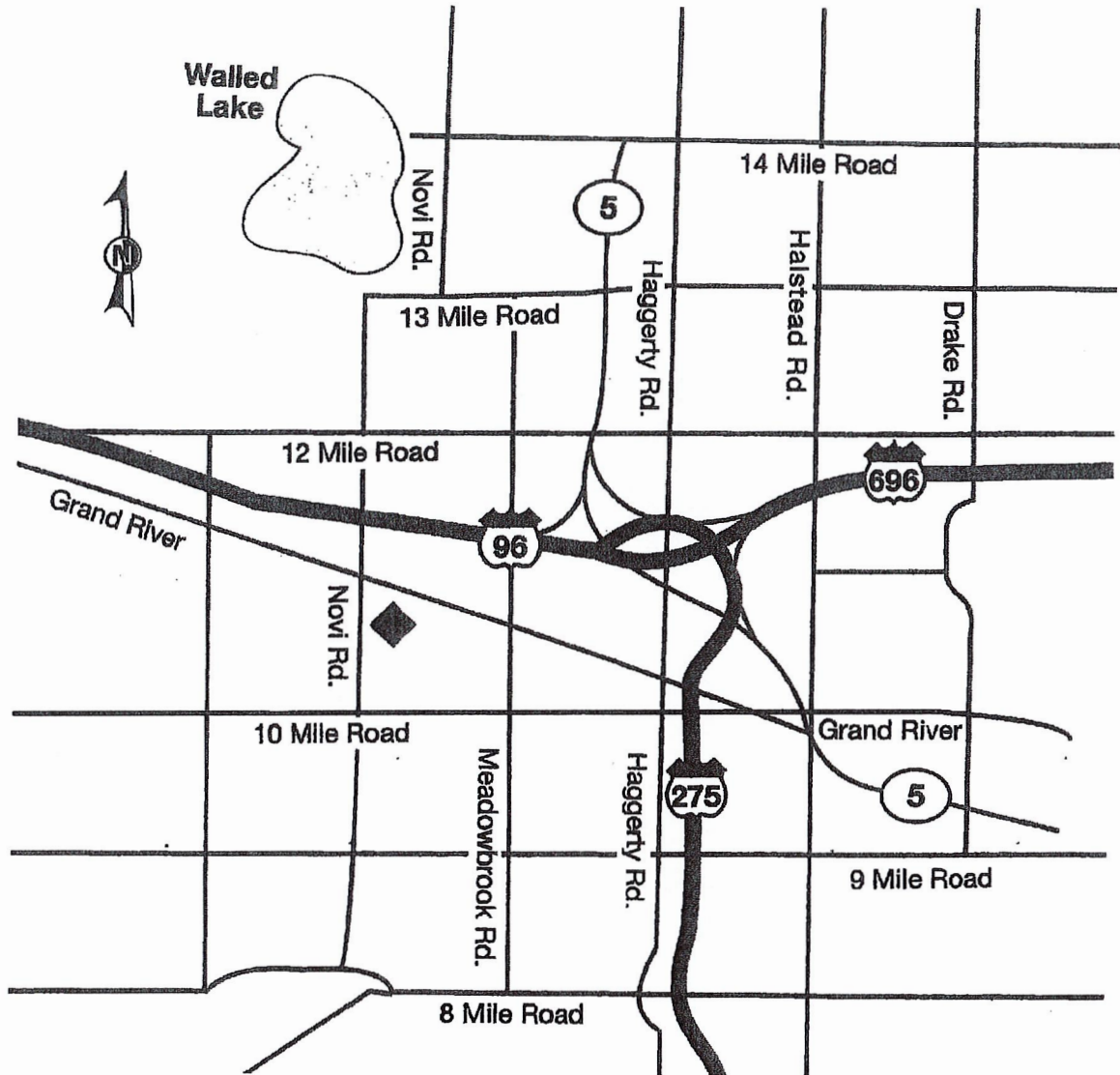
★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: HR Secretary

Date \_\_\_\_\_

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at [www.concentra.com](http://www.concentra.com))



Concentra Novi  
 42875 Grand River Avenue  
 Suite 101  
 Novi, MI 48375  
 Mon - Fri: 8 am - 8 pm  
 Sat: 8 am - 4 pm  
 248.478.1616  
 Fax: 248.478.9450

Medical treatment, physicals and drug testing available during all hours of operation.

# Ascension Michigan Employer Solutions

## Employer Authorization

### For Treatment/Billing

Date \_\_\_\_\_ Employee Name \_\_\_\_\_

Job Title/Duties \_\_\_\_\_

Employer Farmington Public Schools Phone (248) 489-3355

Address: 33000 Freedom Road Farmington MI 48336  
Street City State Zip

**MINORS MUST BE ACCOMPANIED BY PARENT OR LEGAL GUARDIAN**

**Injury Care:** (Describe) \_\_\_\_\_

Date of injury: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. ☐  
p.m. ☐

**Controlled Substance Test with this injury:** ☐ Urine Drug Screen ☐ Breath Alcohol Test

Patients treated after hours in Urgent Care or Emergency Department should return  
for follow-up care at the nearest occupational health office.

#### Physical Exam (bring eyeglasses and/or contact lenses and case)

- |                                                                                            |                                       |                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------|
| <input checked="" type="checkbox"/> Post-offer/Pre-hire                                    | <input type="checkbox"/> DOT—new hire | <input type="checkbox"/> MCOLES               |
| <input type="checkbox"/> Annual                                                            | <input type="checkbox"/> DOT—renewal  | <input type="checkbox"/> Preventive Well Exam |
| <input type="checkbox"/> Return to Work                                                    | <input type="checkbox"/> Hazmat       | <input type="checkbox"/> Silica Exam          |
| <input checked="" type="checkbox"/> Other <u>Lift Test - Employee pays charges \$50.00</u> |                                       |                                               |

#### Drug and Alcohol Testing (photo identification required)

- |                                                |                                            |                                         |
|------------------------------------------------|--------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> DOT Urine Drug Screen | <input type="checkbox"/> Urine Drug Screen | <input type="checkbox"/> Breath Alcohol |
| <input type="checkbox"/> DOT Collection Only   | <input type="checkbox"/> Collection Only   |                                         |
| <input type="checkbox"/> DOT Breath Alcohol    | <input type="checkbox"/> Hair Testing      |                                         |

#### Reason:

- ☐ Pre-hire ☐ Random ☐ Post accident ☐ Reasonable suspicion ☐ Return to duty ☐ Follow Up ☐ Other

#### Screening/Immunization

- |                                                                                                                                       |                                                      |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Audiogram                                                                                                    | <input type="checkbox"/> TB Test (PPD)               | <input type="checkbox"/> Tspot                         |
| <input type="checkbox"/> Audiogram w/Analysis                                                                                         | <input type="checkbox"/> Hepatitis B Vaccination     | <input type="checkbox"/> Pulmonary Function Test (PFT) |
| <input type="checkbox"/> EKG                                                                                                          | <input type="checkbox"/> Hepatitis B Titer           | <input checked="" type="checkbox"/> Lift Test          |
| <input type="checkbox"/> Respirator Questionnaire                                                                                     | <input type="checkbox"/> Travel Medicine (Rochester) | <input type="checkbox"/> Hepatitis A Vaccination       |
| <input type="checkbox"/> Respirator Fit Test <b>(No facial hair. No tobacco, food or drink (except water) one hour prior to test)</b> |                                                      |                                                        |
| <input type="checkbox"/> Other _____                                                                                                  |                                                      |                                                        |

**AUTHORIZED BY:** Kelly Knight  
(Please print)

(248) 426-4724  
Phone

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

[employersolutions.ascension.org](http://employersolutions.ascension.org)

Improving the health and productivity of your workforce

# Ascension Michigan Employer Solutions

## Locations in Michigan to Serve Your Workplace

### **SOUTHEAST MICHIGAN**

#### **EAST CHINA**

Ascension River District Hospital  
4100 River Rd. • East China, MI 48054  
**810-329-8912** • Fax: 810-329-8913  
**ameseastchina@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

#### **GRAND BLANC**

Ascension Genesys Hospital  
Main Entrance  
1 Genesys Parkway • Suite 1620  
Grand Blanc, MI 48439  
**810-606-5957** • Fax: 810-606-5907  
**amesgrandblanc@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

#### **LIVONIA**

Ascension Providence Health Center  
37595 Seven Mile Rd. • Livonia, MI 48152  
**734-432-6668** • Fax: 734-542-6108  
**ameslivonia@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

#### **MACOMB TOWNSHIP**

Ascension St. John Hospital Health Center  
Emergency Entrance  
17700 23 Mile Rd.  
Macomb Township, MI 48044  
**586-868-9120** • Fax: 586-868-9136  
**amesmacombtwp@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

#### **NOVI**

Ascension Providence Hospital, Novi Campus  
Outpatient Center, Northeast Entrance 47601  
Grand River Ave., Suite B230  
Novi, MI 48374  
**248-465-4800** • Fax: 248-465-4872  
**amesnovi@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

#### **WARREN**

Macomb Professional Building  
11885 E. 12 Mile Rd., Suite 202A  
Warren, MI 48093  
**586-573-5571** • Fax: 248-967-7716  
**ameswarren@ascension.org**  
Monday - Friday 7:30 a.m. - 4 p.m.

**AFTER HOURS INJURY CARE IS AVAILABLE  
IN THE EMERGENCY ROOM AT ASCENSION  
MICHIGAN HOSPITALS**

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Novi, MI 48374  
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